

**Wisconsin Medicaid  
Electronic Health Record  
Incentive Program  
for Eligible Professionals**

January 5, 2017

User Guide

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# 1 Introduction

This user guide provides step-by-step directions for applying for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. The following resources are available for more information.

| Available Resources   | Web Address   |
|---|---|
| Provider Services   | 800-947-9627  |
| <i>ForwardHealth Updates</i>  | <a href="https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Updates/index.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Updates/index.htm.spage</a>   |
| Wisconsin Medicaid EHR Incentive Program                                | <a href="https://www.dhs.wisconsin.gov/ehrincentive/index.htm">https://www.dhs.wisconsin.gov/ehrincentive/index.htm</a>   |
| Centers for Medicare and Medicaid Services (CMS) EHR Incentive Programs | <a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/">https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/</a>   |
| Eligible Professional Objectives and Measures Specification Sheets      | <a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPTableOfContents.pdf">https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPTableOfContents.pdf</a> |

## 2 Before You Begin

*Note:* The following prerequisites must be completed prior to applying for Wisconsin Medicaid EHR Incentive Program incentive payments.

### 2.1 Register with Centers for Medicare and Medicaid Services

All Eligible Professionals are required to first register at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) website at <https://ehrincentives.cms.gov/hitech/login.action>.

After an Eligible Professional successfully registers with the R&A, CMS will process the registration and send the file to the Wisconsin Medicaid EHR Incentive Program. After receipt of the file, the Wisconsin Medicaid EHR Incentive Program will enter all relevant information into the Wisconsin Medicaid system and send a welcome email to the address provided during registration.

*Note:* To allow for this process, Eligible Professionals must wait *two full business days* before applying for the Wisconsin Medicaid EHR Incentive Program. During this time, Eligible Professionals should not access or modify their registration with the R&A.

Eligible Professionals can refer to the [Application Process Guide](#) for an overview of the process of registering and applying for a Wisconsin Medicaid EHR Incentive Program application.

### 2.2 Gather Required Data

When beginning the Wisconsin Medicaid EHR Incentive Program Application, Eligible Professionals should have:

- The CMS EHR Certification Identification for the certified EHR technology that they have acquired or are contractually obligated to acquire. For more information on approved EHR technology, Eligible Professionals should refer to the Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List (CHPL) website at <https://chpl.healthit.gov>.
- Information submitted to the R&A. Eligible Professionals will need to confirm all of this information during the initial application phases.
- Contact name, telephone number, and email address of the preparer of the Eligible Professional's application, if not the Eligible Professional.
- Information about whether or not the Eligible Professional applying to the Wisconsin Medicaid EHR Incentive Program has any sanctions or pending sanctions with the Medicare or Medicaid programs and is licensed to practice in all states in which services are rendered.
- The [required patient volume documentation](#), the start date of the 90-day patient volume reporting period, and required patient volume data.

- The total in-state eligible member-only patient encounter volume during the previously determined continuous 90-day reporting period.
- The total (regardless of state) eligible member patient encounter volume during the previously determined continuous 90-day reporting period.
- The total patient encounter volume during the previously determined continuous 90-day reporting period.
- The [required certified electronic health record technology \(CEHRT\) documentation](#) to support the acquisition of EHR technology that is certified to the current federal standards.

## 2.3 Select the ForwardHealth Account to Complete the Application

Eligible Professionals may access the Wisconsin Medicaid EHR Incentive Program application by logging in to a secure Provider account on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

Once a user has started the Wisconsin Medicaid EHR Incentive Program application with one Provider Portal account, the user cannot switch to another Provider Portal account during that Program Year. The user can save the information entered and return later to complete the application; however, only the same Provider Portal account that started the application will be permitted access to it.

## 2.4 Assign the Wisconsin Medicaid Electronic Health Record Incentive Program Role

Before beginning the Wisconsin Medicaid EHR Incentive Program Application, the EHR Incentive clerk role must be assigned to the clerk completing the application.

For more information on obtaining a Provider Portal account or assigning a clerk role, refer to the ForwardHealth Provider Portal Account User Guide on the [Portal User Guides page](#) of the Provider Portal.

# 3 Using the Wisconsin Medicaid Electronic Health Record Incentive Program Application

The Wisconsin Medicaid EHR Incentive Program Application uses a tab arrangement to guide users through the application process. Users must complete the tabs in the order presented, but can return to previous tabs to review the information or make modifications until the application is submitted. Users cannot proceed without completing the next tab in the application progression, except when navigating to the Get Started and Review tabs, which can be accessed at any time.

Once the application is submitted, the data can no longer be modified and can only be viewed using the Review tab. In addition, the tab arrangement will change after submission to allow users to view status information.

When proceeding through the application process, the user's identifying information (i.e., name, National Provider Identifier [NPI], Tax Identification Number [TIN]) will be displayed at the top of most pages. This is information provided by the R&A.

Other functions available in the application include the following:

- A *Print* link displays in the upper right corner of most pages and allows users to print the information entered. The Internet browser's print function can also be used to print page shots within the application at any point.
- A *Contact Us* link displays in the upper right corner of most pages and contains Wisconsin Medicaid EHR Incentive Program contact information.
- An *Exit* link that allows the user to close the Wisconsin Medicaid EHR Incentive Program Application window. If a user attempts to close the application without saving any modifications, a confirmation message will be displayed.
- A *Save & Continue* button, which must be used before exiting or data entered on the page will be lost.
- A *Previous* button, which displays the previous window without saving any changes to the application.
- A *Reset* button, which will restore all unsaved data entry fields to their original values.
- A red asterisk (\*), which indicates a required field.
- Help icons, which are located next to certain fields and display help content specific to the associated field when the cursor is hovered over the icon.

If any data is incorrectly entered or is incomplete, a validation message may be displayed above the navigation button. The error must be addressed in order for the application to be saved.

# 4 Application Process

## 4.1 Getting Started

To begin the Wisconsin Medicaid EHR Incentive Program application process, complete the following steps:

1. Access the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

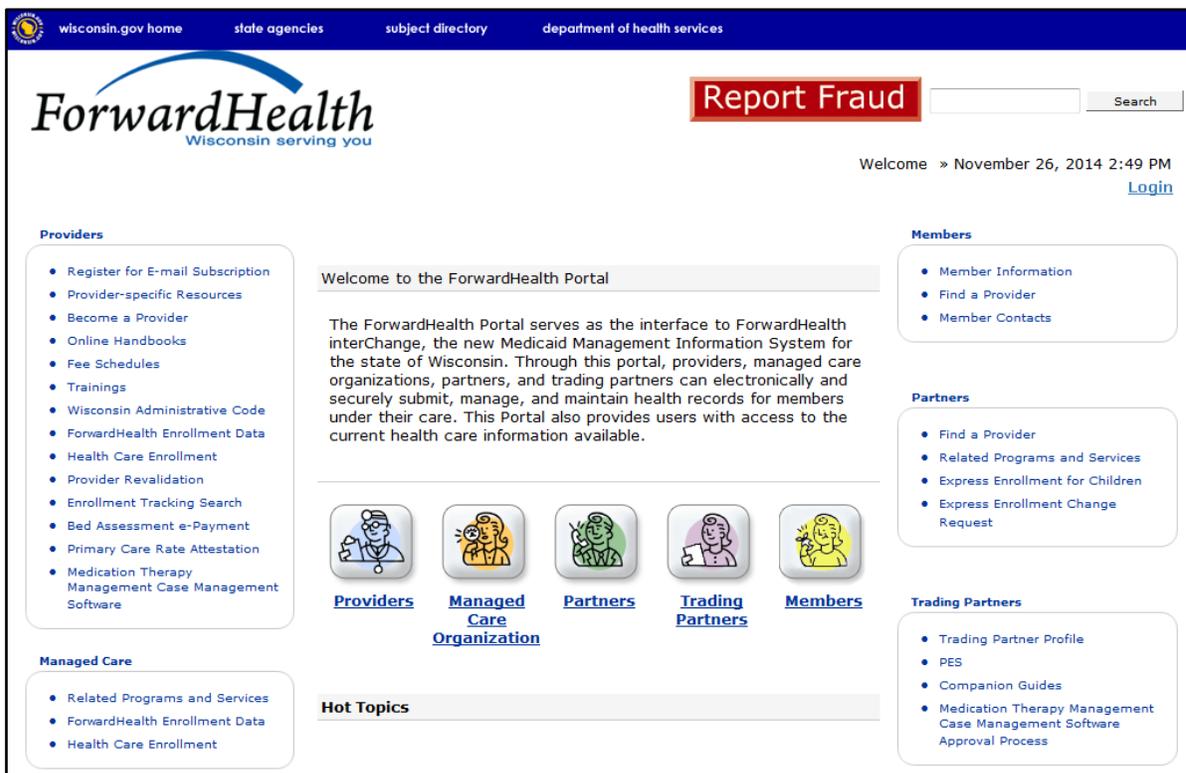


Figure 1 ForwardHealth Home Page



Figure 2 ForwardHealth Portal Login

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

*Note:* The login box can also be accessed by clicking the Providers icon on the home page of the Portal.

3. Enter the user's username.
4. Enter the user's password.
5. Click **Go!** The secure Provider page will be displayed.

The screenshot displays the ForwardHealth Provider portal. At the top, there is a navigation bar with links for 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header includes the 'ForwardHealth' logo, the 'interChange Provider' title, and a welcome message dated October 14, 2011. Below the header is a menu with categories like 'Home', 'Search', 'Providers', 'Enrollment', 'Claims', 'Prior Authorization', 'Remittance Advices', 'Trade Files', and 'HealthCheck'. A user login status is shown: 'You are logged in with NPI: 111111111, Taxonomy Number: 000N00000X, Zip Code: 54235, Financial Payer: Medicaid'. The 'What's New' section features a magnifying glass icon and text about real-time applications. The 'Messages' section contains a message about remittance advices older than 97 days. The 'Remittance Advices' section has a link to 'View Remittance Advices'. The 'Quick Links' section on the right lists various services, with 'Wisconsin Medicaid EHR Incentive Program' highlighted by a red box and a red arrow pointing to it from the 'Providers' link in the top navigation menu.

**Figure 3** Secure Provider Page

6. Click **Wisconsin Medicaid EHR Incentive Program** located in the Quick Links box on the right side of the page. The Wisconsin Medicaid EHR Incentive Program page will be displayed.



**Figure 4** Wisconsin Medicaid EHR Incentive Program Page

- Click **Next**. The Select EHR Incentive Application page will be displayed.

?
Select EHR Incentive Application

Select an EHR Incentive application from the list below to begin the application process or to check on a previously submitted application. Select Next to continue.

| NPI         | TIN Num   | TIN Type | CCN | Name         | Address                 | Payee TIN Num | Payee TIN Type |
|-------------|-----------|----------|-----|--------------|-------------------------|---------------|----------------|
| 10000000001 | 300000001 | EIN      |     | Keith<br>Doe | 1910 ALA ST             | 300000000     | EIN            |
| 11111111111 | 300000000 | EIN      |     | Anjoo<br>Doe | 225 EAGLE AVE           | 300000000     | EIN            |
| 10000000002 | 300000002 | EIN      |     | John<br>Doe  | 825 MANK AVE<br>STE 200 | 300000000     | EIN            |

Select row above to update.

NPI

TIN Num

TIN Type

CCN

First Name

Last Name

Street Address Line 1

Street Address Line 2

City

State/ZIP   -

Payee TIN Num

Payee TIN Type

Payee NPI

**Figure 5** Select EHR Incentive Application Page

The Select EHR Incentive Application page will display a list of the applications that are registered at the R&A. For organizations, all Eligible Professionals assigning payment to the organization and who are associated with the organization’s TIN are displayed. For Eligible Professionals applying as an individual, only the information for the individual will be displayed.

- Select one Wisconsin Medicaid EHR Incentive Program application from the row(s) at the top of the page to begin the application process for the selected individual. The selected information will populate the fields on the page.

**Select EHR Incentive Application**
?

Select an EHR Incentive application from the list below to begin the application process or to check on a previously submitted application. Select Next to continue.

| NPI        | TIN Num   | TIN Type | CCN | Name      | Address                 | Payee TIN Num | Payee TIN Type |
|------------|-----------|----------|-----|-----------|-------------------------|---------------|----------------|
| 1000000001 | 300000001 | EIN      |     | Keith Doe | 1910 ALA ST             | 300000000     | EIN            |
| 111111111  | 300000000 | EIN      |     | Anjoo Doe | 225 EAGLE AVE           | 300000000     | EIN            |
| 1000000002 | 300000002 | EIN      |     | John Doe  | 825 MANK AVE<br>STE 200 | 300000000     | EIN            |

Select row above to update.

NPI

TIN Num

TIN Type

CCN

First Name

Last Name

Street Address Line 1

Street Address Line 2

City

State/ZIP   -

Payee TIN Num

Payee TIN Type

Payee NPI

**Figure 6** Select EHR Incentive Application Page with Populated Application Information

*Note:* If multiple Wisconsin Medicaid provider certifications are found, the following page will be displayed.

**Select Wisconsin Medicaid Provider Certification**
?

Multiple Wisconsin Medicaid Provider Certifications were found for this NPI. Please select the valid certification from the list below to use for the Wisconsin Medicaid EHR Incentive Program applications.

| NPI       | Provider Name | Provider Address   | Provider Type | Provider Specialty |
|-----------|---------------|--------------------|---------------|--------------------|
| 111111111 | ANJOO DOE     | 225 EAGLE AVE      | Physician     | General Practice   |
| 111111111 | HUEB PAUL W   | 4660 W COLLEGE AVE | Dentist       | General Practice   |

**Figure 7** Select Wisconsin Medicaid Provider Certification Page

9. Select the appropriate provider certification and click **Next** to continue.

10. Click **Next**.

- For Payment Year 1, the Select Wisconsin Medicaid EHR Incentive Program Payee page will be displayed.

?
Select Wisconsin Medicaid EHR Incentive Program Payee

Select a Payee from the list below. Wisconsin Medicaid EHR Incentive Program payments will be made to this payee.

| NPI        | Prov Name | Pay to Address | Prov Type    | Prov Spec            |
|------------|-----------|----------------|--------------|----------------------|
| 1111111111 | DOE ANJOO | PO BOX 3414    | 31-Physician | 318-General Practice |

Select row above to update.

NPI

Name

Street Address Line 1

Street Address Line 2

City

State/ZIP   -

Provider Type

Provider Specialty

**Figure 8** Select Wisconsin Medicaid EHR Incentive Program Payee Page

Select the payee that the user designated at the R&A from the provided row(s). The selected information will populate the fields on the page.

| NPI        | Prov Name | Pay to Address | Prov Type    | Prov Spec            |
|------------|-----------|----------------|--------------|----------------------|
| 1111111111 | DOE ANJOO | PO BOX 3414    | 31-Physician | 318-General Practice |

Type data below for new record.

NPI: 1111111111  
 Name: DOE ANJOO  
 Street Address Line 1: PO BOX 3414  
 Street Address Line 2:  
 City: MILWAUKEE  
 State/ZIP: WI 53232  
 Provider Type: 31-Physician  
 Provider Specialty: 318-General Pra

**Figure 9** Select Wisconsin Medicaid EHR Incentive Program Payee Page with Populated Payee Information

- For Payment Year 2 and later, the Confirm Payee page will be displayed.

Required fields are indicated with an asterisk (\*).

- Please confirm the payee information file for the Wisconsin Medicaid EHR Incentive Program.

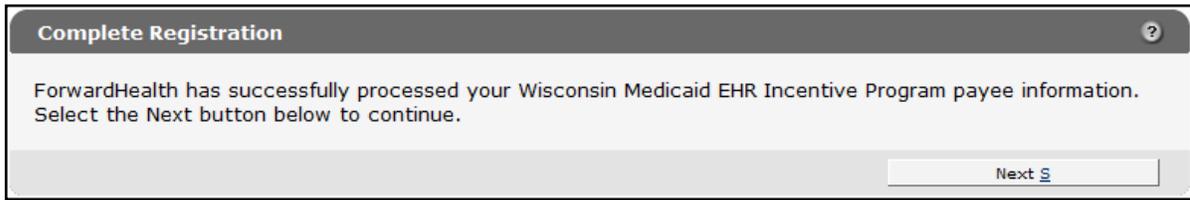
TIN: 1111111111  
 Name: ACME GENERAL HOSPITAL  
 Address 1: 789 S 18TH AVE  
 Address 2:  
 City: STURGEON BAY  
 Zip Code: 54235  
 Telephone Number: Ext.:

Is this information correct?\*  Yes  No

**Figure 10** Confirm Payee Page

If the information is correct, click **Yes**. If it is not correct, click **No** and **Next** and the Select Wisconsin Medicaid EHR Incentive Program Payee Page (above) will be displayed where the user can select the correct Payee.

11. Click **Next**. The Complete Registration page will be displayed.



**Figure 11** Complete Registration Page

- Click **Next**. The Wisconsin Medicaid EHR Incentive Program Participation Dashboard page will open in a new browser window.



[Contact Us](#)   [Exit](#)  
 Wednesday 08/24/2016 2:04:13 PM CDT

---

Wisconsin Medicaid EHR Incentive Program

### Wisconsin Medicaid EHR Incentive Program Participation Dashboard

NPI    1111111111

TIN    123456789

CCN

(\*) Red asterisk indicates a required field.

| *Application<br>(Select to Continue) | Stage                                  | Status      | Payment Year | Program Year | Incentive Amount | Available Actions                                      |
|--------------------------------------|--|-------------|--------------|--------------|------------------|--|
| <input type="radio"/>                | Implementation                         | Completed   | 1            | 2011         | \$21,250.00      | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Stage 1<br>Meaningful Use<br>90 Days   | Completed   | 2            | 2012         | \$8,500.00       | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Stage 1<br>Meaningful Use<br>Full Year | Completed   | 3            | 2013         | \$8,500.00       | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Stage 2<br>Meaningful Use<br>90 Days   | Completed   | 4            | 2015         | \$8,500.00       | Select the "Continue" button to view this application. |
| <input type="radio"/>                |  | Not Started | 5            | 2016         | Unknown          | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Future                                 | Future      | 6            | Future       | Unknown          | None at this time                                      |

*In Program Year 2016, Eligible Professionals scheduled to report for a full year may use any continuous 90-day EHR reporting period.*  
*Eligible Professionals may complete their application using a full year of Meaningful Use measure data. After submitting the application, these Eligible Professionals should send an email to [dhsehrincentiveprogram@wi.gov](mailto:dhsehrincentiveprogram@wi.gov) to request an update to their EHR reporting period dates.*

**Figure 12** Wisconsin Medicaid EHR Incentive Program Participation Dashboard Page

The dashboard consists of seven columns that show the Eligible Professional’s activity and status in the Wisconsin Medicaid EHR Incentive Program.

- The *Application* column displays the active button used to begin the current application or review previous Program Year applications. Grayed-out buttons show future applications.
- The *Stage* column displays the Stage and Attestation Phase attained by current and previous applications.
- The *Status* column displays the current status of the application.
- The *Payment Year* column displays the the year of program participation for the application.
- The *Program Year* column displays the year within which a provider attests for a payment.
- The *Incentive Amount* column displays the amount of the incentive paid to the Eligible Professional for the payment year.
- The *Available Actions* column displays the actions that are allowed for the application.

After December 31 of the program year, the bottom of the dashboard will also display the allowable grace period for the program year. For example, for Program Year 2016, if an Eligible Professional is attesting after December 31, 2016, the dashboard will show the dates of the grace period (January 1, 2017–March 31, 2017), ending on the last day an application may be submitted.

*Note:* If an application has been started but not yet submitted, the Status column will indicate the application is Incomplete. If an application has a status of Incomplete, Eligible Professionals have the option to Abort the application, which removes any information that has been entered.

If the user clicks **Abort**, a confirmation page will be displayed asking the user to confirm this action. If the user clicks **Confirm**, the Dashboard page will again be displayed and the application will show as Not Started. The user can then click **Continue** to restart the application if desired.

**Wisconsin Medicaid EHR Incentive Program Participation Dashboard**

NPI 1111111111 TIN 123456789

(\* Red asterisk indicates a required field.)

| *Application<br>(Select to Continue) | Stage                  | Status     | Payment Year | Program Year | Incentive Amount | Available Actions   |
|--------------------------------------|------------------------|------------|--------------|--------------|------------------|---|
| <input type="radio"/>                | Implementation         | Completed  | 1            | 2013         | \$14,167.00      | Select the "Continue" button to view this application.  |
| <input type="radio"/>                | Stage 1 Meaningful Use | Incomplete | 2            | 2014         | Unknown          | Select the "Continue" button to process this application or click <b>Abort</b> to eliminate all progress. |

**Figure 13** Dashboard Page Abort Button

13. Select the appropriate radio button in the **Application** to select an application.

- Click **Continue**. If the Status column indicates the application is Not Started, the CEHRT — ONC Validation page will be displayed.

*Note:* If the status for an application is Incomplete, the Wisconsin Medicaid EHR Incentive Program page will be displayed. Skip Steps 15-18 below and proceed to [step 19](#).

The screenshot displays the ForwardHealth Wisconsin Medicaid EHR Incentive Program interface. At the top left is the ForwardHealth logo with the tagline 'Wisconsin serving you'. At the top right are links for 'Contact Us' and 'Exit', and the date 'Wednesday 03/25/2015 3:58:02 PM CDT'. Below the header, there are two fields: 'Payment Year' with the value '3' and 'Program Year' with the value '2015'. A tab labeled 'Wisconsin Medicaid EHR Incentive Program' is active. The main content area shows the following information:

- Name:** Jane Doe
- Applicant NPI:** 1111111111
- Status:** **Not Started** (highlighted in a blue box)

Below this information is a paragraph of text: 'The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.'

A blue box contains the following instructions: 'Click the **Exit** button to terminate your session. When ready click the **Next** button to continue. Click **Reset** to restore this panel to the starting point.'

Below this is a red asterisk note: '(\*) Red asterisk indicates a required field.'

A red asterisk is followed by the text: '\* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:'

Below this is a text input field with a red asterisk to its left. Below the input field is the text: '(No dashes or spaces should be entered.)'

At the bottom of the form are three buttons: 'Exit', 'Reset', and 'Next'.

**Figure 14** CEHRT – ONC Validation Page

The Wisconsin Medicaid EHR Incentive Program requires the use of technology certified for this program. A valid CMS EHR Certification ID obtained from the ONC CHPL website at <https://chpl.healthit.gov/> must be entered on this page.

- Enter the 15-character CMS EHR Certification ID. Do not use any dashes or spaces.

16. Click **Next**. The Wisconsin Medicaid EHR Incentive Program will validate the entered number. If the user entered an invalid CMS EHR Certification ID, go to the ONC CHPL website to find the valid ID for the EHR product. If the user entered a valid CMS EHR Certification ID, a CEHRT – ONC Validation Review page will be displayed.

**ForwardHealth**  
Wisconsin serving you

[Contact Us](#) [Exit](#)

Wednesday 03/25/2015 4:13:45 PM CD

**Payment Year** 3 **Program Year** 2015

Wisconsin Medicaid EHR Incentive Program

**Name:** Jane Doe

**Applicant NPI:** 1111111111

**Status:** **Not Started**

We have confirmed that you have entered a valid CMS EHR Certification ID. Click [here](#) for additional information regarding the Certified Health IT Product List (CHPL).

When ready click the **Next** button to continue, or click **Previous** to go back.

**CMS EHR Certification ID:** A000A00AAAAAAA

[Previous](#) [Next](#)

**Figure 15** CEHRT – ONC Validating Review Page

17. Click **Next**. The Wisconsin Medicaid EHR Incentive Program page will be displayed.

**ForwardHealth**  
Wisconsin serving you

[Contact Us](#) [Exit](#)

Wednesday 03/25/2015 4:20:47 PM CD

**Payment Year** 3 **Program Year** 2015

Wisconsin Medicaid EHR Incentive Program

**Name:** Jane Doe

**Applicant NPI:** 1111111111

**Status:** **Not Started**

**IMPORTANT:**

The WI Medicaid EHR Incentive Program application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Provider Portal account available for use. Once the WI Medicaid EHR Incentive Program application has been started, it must be completed by the same Provider Portal account.

To access WI Medicaid EHR Incentive Program to apply for Medicaid EHR Incentive Payment Program under a different Provider Portal account, select **Exit** and log on with that account.

To access WI Medicaid EHR Incentive Program using the current account, select **Get Started**. All applications for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

[Exit](#) [Get Started](#)

**Figure 16** Wisconsin Medicaid EHR Incentive Program Page

The Wisconsin Medicaid EHR Incentive Program page contains basic information about the user's application including the following:

- Payment Year
- Program Year
- Name
- Applicant NPI
- Status (For more information on statuses, refer to [Section 7.2 Application Status.](#))

The Wisconsin Medicaid EHR Incentive Program page also displays important information regarding who can complete the Wisconsin Medicaid EHR Incentive Program application.

- The application must be completed by the actual provider or an authorized preparer.
- Once the application has been started, it must be completed by the same Provider Portal account.

To apply for access to the Wisconsin Medicaid EHR Incentive Program under a different Provider Portal account, users must click **Exit**, log out of the Portal, and log back in with the Provider Portal account they wish to use to begin and complete the application.

18. Click **Get Started** to save and continue with the current application, locking all of the options selected up to this point. A Confirmation page will be displayed.

Monday 07/25/2011 2:58:31 PM CDT

**ForwardHealth**  
Wisconsin serving you

---

Confirmation

You have chosen to complete the Wisconsin Medicaid EHR Incentive Program application using the current Provider Portal account. Once you have started the application process using this account, you cannot switch to another account.

Select the "**Cancel**" button to return to the start page.

Select "**Confirm**" to associate the current Provider Portal account with Wisconsin Medicaid EHR Incentive Program.

---

**Figure 17** Confirmation Page

- Clicking **Confirm** will associate the current Provider Portal account with the Wisconsin Medicaid EHR Incentive Program application for the individual Eligible Professional previously selected.
- Clicking **Cancel** will return the user to the previous page.

19. Click **Confirm**. The Get Started page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Monday 04/13/2015 10:34:33 AM CD

[Print](#) [Contact Us](#) [Exit](#)

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 1         | <b>Program Year</b>  | 2015      |

**Name:** Jean Doe

**Applicant NPI:** 123456789

**Status:** Incomplete

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

**IMPORTANT:** If you need to update or change your CMS EHR Certification ID, exit this application and start over. At the dashboard/starting page 'Abort' the application and begin a new application with the appropriate CMS EHR Certification ID. Please remember no information on this application will be saved.

In order to participate in the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program all Eligible Hospitals and Eligible Professionals must complete the following application sections:

- CMS Registration and Attestation & Contact Info Section
- Eligibility Section
- Patient Volume Section
- Attestation
- Review
- Submit

**Available Resources**  
Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Incentive Program before beginning the application:

- [Eligible Professional User Guide](#)
- [EHR Incentive Program Section in the Online Handbook](#)

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

**Figure 18** Get Started Page

20. Click **Continue**. The initial R&A/Contact Info page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Tuesday 02/14/2012 9:29:29 AM CST

[Print](#) [Contact Us](#) [Exit](#)

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

In this section, Eligible Professionals will verify the accuracy of the information provided while registering with the **CMS Registration and Attestation System (R&A)**. If there are errors or discrepancies in this information, Eligible Professionals must return to the R&A to make updates prior to applying with the Wisconsin Medicaid EHR Incentive Program. Eligible Professionals should wait two full business days for changes made at the R&A to be applied before starting Wisconsin Medicaid EHR Incentive Program application.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

**Figure 19** Initial R&A/Contact Info Page

## 4.2 Registration and Attestation/Contact Information

1. Click **Begin**. The R&A Verification page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit  
Tuesday 02/14/2012 9:29:29 AM CST

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**R&A Verification**

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payee NPI</b>        |           |                      |           |

---

**Business Address**

225 EAGLE AVE  
MUKWONAGO, WI 53131

---

**Business Phone**

555-555-5555

---

|                          |          |              |    |
|--------------------------|----------|--------------|----|
| <b>Incentive Program</b> | MEDICAID | <b>State</b> | WI |
|--------------------------|----------|--------------|----|

---

**Eligible Professional Type**

Physician

---

**R&A Registration ID**

2000000088

---

**R&A Registration Email Address**

ANJOO.DOE@PHYS.COM

---

**CMS EHR Certification Number**

Q00000010C8MAA

---

(\*) Red asterisk indicates a required field.

\* Is this information accurate?  Yes  No

Previous Reset Save & Continue

**Figure 20** R&A Verification Page

2. Check the information carefully to ensure it is accurate.
3. Compare the R&A Registration ID the user received while registering with the R&A Registration ID displayed on this page.

- After reviewing the information, select **Yes** or **No** to the question “Is this information accurate?”

*Note:* If the user select **No**, the following message will display at the bottom of the page: “Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).”

- Click **Save & Continue**. The Contact Information page will be displayed.

**Figure 21** Contact Information Page

- Enter a contact name in the First Name and Last Name fields.
- Enter a contact telephone number in the Phone field.

8. Enter a contact email address in the Contact Email Address and Verify Email fields. Verify the email address entered is the same in both fields.
9. Enter an address in the appropriate Address fields.
10. Enter an optional alternative contact.
11. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the R&A/Contact Info tab to acknowledge that the “R&A/Contact Info” section was completed.

**ForwardHealth**  
Wisconsin serving you

[Print](#) [Contact Us](#) [Exit](#)

Monday 02/13/2012 2:05:16 PM CST

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

[Get Started](#) [R&A/Contact Info](#)  [Eligibility](#)  [Patient Volumes](#)  [Attestation](#)  [Review](#)  [Submit](#)



You have now completed the **R&A/Contact Information** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Eligibility** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

[Continue](#)

**Figure 22** R&A/Contact Information Completed Page

12. Click **Continue**. The initial Eligibility page will be displayed.

## 4.3 Eligibility

The “Eligibility” section will require Eligible Professionals to confirm their eligibility for the Wisconsin Medicaid EHR Incentive Program.

1. Click **Begin**. The Eligibility Questions 1 (Part 1 of 2) page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit

Thursday 04/16/2015 12:50:00 PM CDT

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 3         | <b>Program Year</b>  | 2015      |

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

To participate in the Wisconsin Medicaid EHR Incentive Program, Eligible Professionals must provide basic information to confirm your eligibility for the program. In this section you will be asked to confirm the following information:

- Whether or not you are a hospital-based provider.
- Whether or not you intend to only receive payments from the Wisconsin Medicaid EHR Incentive Program
- Your certification with Wisconsin Medicaid. Eligible Professionals must be certified as one of the following providers:
  - Physician
  - Dentists
  - Certified Nurse Midwives
  - Nurse Practitioner (Includes Advanced Practice Nurse Prescribers with Psychiatric Specialty)
  - Physician Assistants (PAs) working at an FQHC or RHC that is so led by a physician assistant. "So led" is defined by CMS as one of the following:
    - When a PA is the primary provider in a clinic; (for example, an RHC with a part-time physician and a full-time PA would be considered "PA-led")
    - When a PA is a clinical or medical director at a clinical site of practice
    - When a PA is an owner of an RHC.
- Whether you have current Medicare or Medicaid sanctions in any state

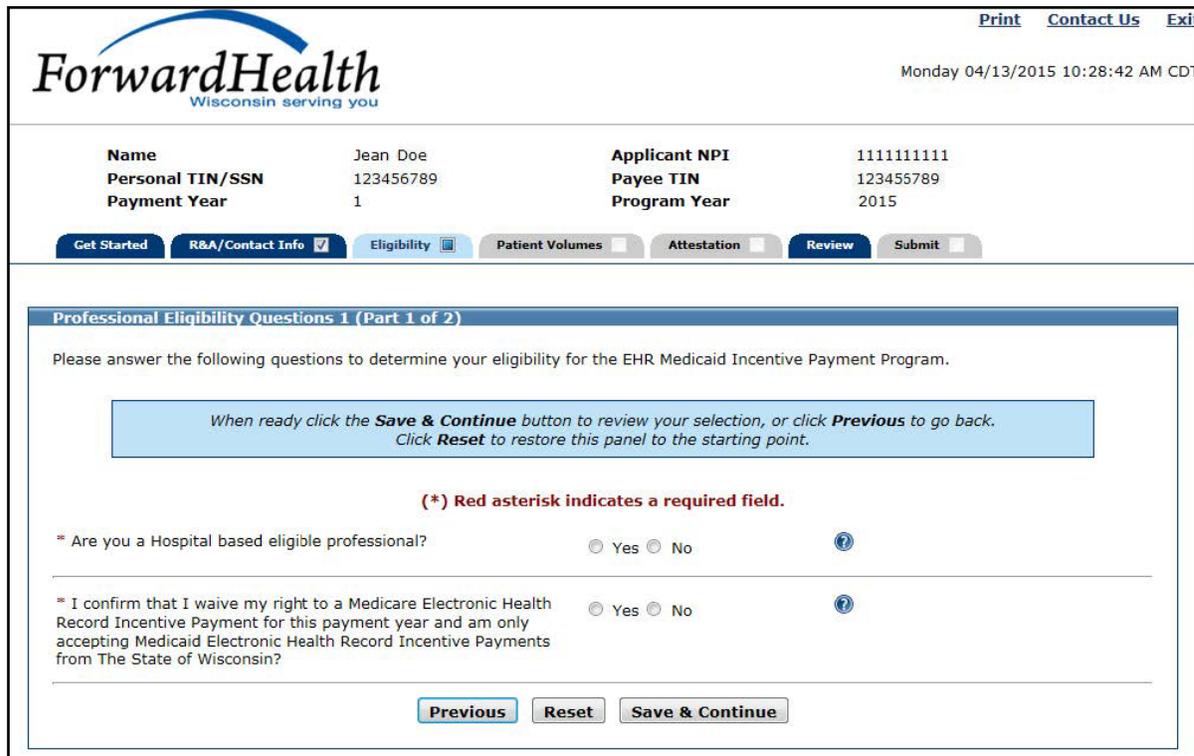
Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

**Begin**

**Figure 23** Initial Eligibility Page

2. Select **Yes** or **No** to the eligibility questions.

*Note:* Hover over the  icon for additional information regarding a specific question.



**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit  
Monday 04/13/2015 10:28:42 AM CD

|                         |           |                      |            |
|-------------------------|-----------|----------------------|------------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 1111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789  |
| <b>Payment Year</b>     | 1         | <b>Program Year</b>  | 2015       |

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

**Professional Eligibility Questions 1 (Part 1 of 2)**

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

**(\*) Red asterisk indicates a required field.**

\* Are you a Hospital based eligible professional?  Yes  No 

\* I confirm that I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from The State of Wisconsin?  Yes  No 

Previous Reset Save & Continue

**Figure 24** Eligibility Questions 1 (Part 1 of 2) Page

- Click **Save & Continue**. The Eligibility Questions 2 (Part 2 of 2) page will be displayed.

The screenshot shows the ForwardHealth Wisconsin Medicaid EHR Incentive Program interface. At the top left is the ForwardHealth logo with the tagline "Wisconsin serving you". At the top right are links for "Print", "Contact Us", and "Exit", along with the date and time: "Monday 04/13/2015 10:41:09 AM CD". Below the logo is a summary table of applicant information:

|                         |           |                      |            |
|-------------------------|-----------|----------------------|------------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 1111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789  |
| <b>Payment Year</b>     | 1         | <b>Program Year</b>  | 2015       |

Below the table is a navigation bar with buttons: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (active), "Patient Volumes", "Attestation", "Review", and "Submit".

The main content area is titled "Professional Eligibility Questions 2 (Part 2 of 2)". It contains the following text:

Please answer the following questions to determine your eligibility for the Wisconsin Medicaid EHR Incentive Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\* What type of provider are you? (*select one*)

- Physician
- Dentist
- Certified Nurse-Midwife
- Pediatrician
- Nurse Practitioner
- Physician Assistants practicing within an FQHC or RHC that is so led by a Physician Assistant

\* Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state?  Yes  No

At the bottom are three buttons: "Previous", "Reset", and "Save & Continue".

**Figure 25** Eligibility Questions 2 (Part 2 of 2) Page

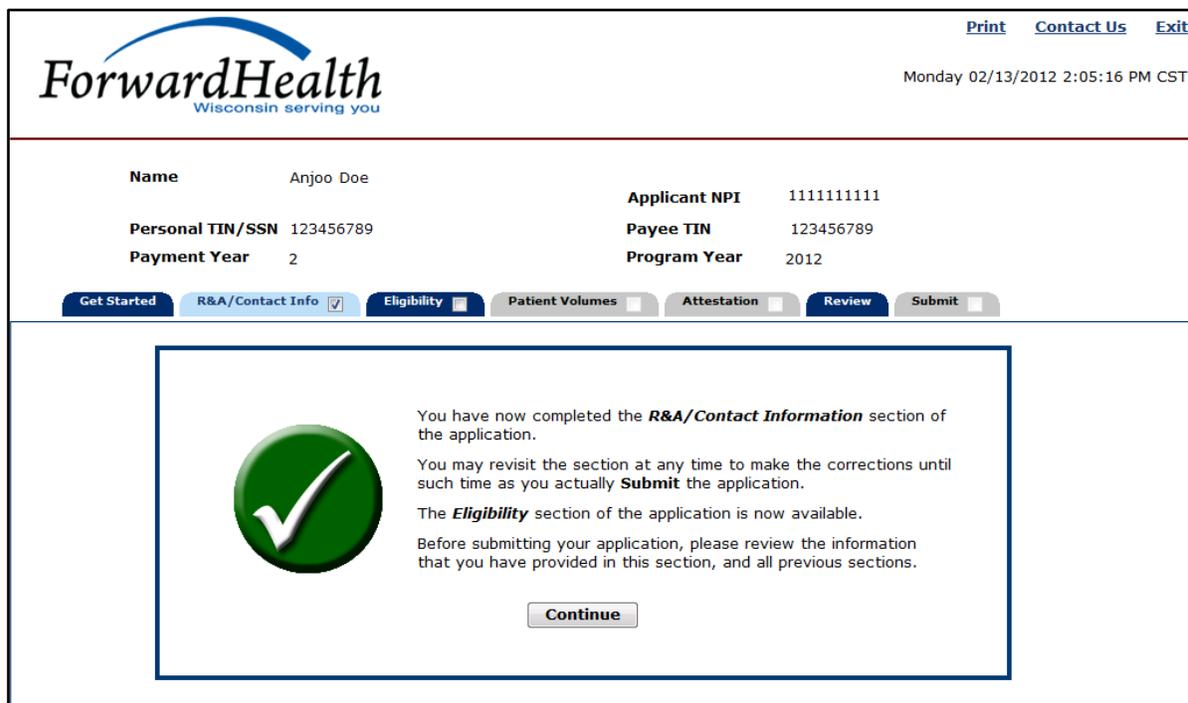
- Select the appropriate provider type in the "What type of provider are you?" section.

*Note:* Advanced Practice Nurse Prescribers with a psychiatric specialty should select the provider type of Nurse Practitioner.

- Select **Yes** or **No** to the question regarding sanctions.

6. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Eligibility tab to acknowledge that the “Eligibility” section was completed.



**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit  
Monday 02/13/2012 2:05:16 PM CST

Name Anjo Doe  
Personal TIN/SSN 123456789  
Payment Year 2  
Applicant NPI 111111111  
Payee TIN 123456789  
Program Year 2012

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

You have now completed the **R&A/Contact Information** section of the application.  
You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.  
The **Eligibility** section of the application is now available.  
Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

**Figure 26** Eligibility Completed Page

7. Click **Continue**. The initial Patient Volumes page will be displayed.



**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit  
Monday 03/18/2013 12:39:04 PM CDT

Name Anjo Doe  
Personal TIN/SSN 123456789  
Payment Year 2  
Applicant NPI 111111111  
Payee TIN 123456789  
Program Year 2013

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

To participate in the Wisconsin Medicaid EHR Incentive Program, Eligible Professionals must meet patient volume thresholds in a continuous 90-day period for each Eligible Professional. In this section you will be asked to confirm the following information:

- Whether or not you practice predominately at a Federally Qualified Health Center or Rural Health Center.
- Whether you are submitting patient volume as an individual practitioner or group.
- The patient volume start date of the continuous 90-day period.
- The practice locations you are using certified EHR technology and the patient encounter data for each practice location.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

Begin

**Figure 27** Initial Patient Volumes Page

## 4.4 Patient Volumes

1. Click **Begin**. The Patient Volume Practice Type (Part 1 of 3) page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit  
Monday 02/13/2012 2:37:51 PM CST

**Name** Anjoo Doe  
**Applicant NPI** 111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

**Patient Volume Practice Type (Part 1 of 3)**

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\* Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?  Yes  No ?

\* Please indicate if you are electing to calculate patient volume at the individual or group practice level. (Select one)  Individual Practitioner ?  Group/Clinic ?

Previous Reset Save & Continue

**Figure 28** Patient Volume Practice Type (Part 1 of 3) Page

2. Select **Yes** or **No** to indicate whether or not the Eligible Professional practices predominantly at a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).
  - If the user selected **Yes**, he or she will be reporting Needy Individual patient volume.
  - If the user selected **No**, he or she will be reporting Eligible Member patient volume.
3. Indicate whether the user is submitting patient volume for an individual practitioner or a group/clinic.

4. Click **Save & Continue**. The Patient Volume 90-Day Period (Part 2 of 3) page will be displayed.

The screenshot shows the ForwardHealth Wisconsin serving you website. The header includes the logo and navigation links (Print, Contact Us, Exit) with the date and time: Monday 03/11/2013 10:33:55 AM CDT. Below the header, there is a form with the following fields:

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2013      |

Below the form are several buttons: Get Started, R&A/Contact Info (checked), Eligibility (checked), Patient Volumes (selected), Attestation, Review, and Submit.

The main content area is titled "Patient Volume 90 Day Period (Part 2 of 3)". It contains the following text:

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\*Please select one of the following two options.

Calendar Year Preceding Payment Year       12 Months Preceding Attestation Date

\* **Start Date:**    
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

At the bottom are three buttons: Previous, Reset, and Save & Continue.

**Figure 29** Patient Volume 90-Day Period (Part 2 of 3) Page

Eligible Professionals now have the option to select one of two Patient Volume reporting periods:

- The calendar year preceding the payment year.
- Twelve months preceding the attestation date.

The “attestation date” is defined as the day when the application is electronically signed and submitted for the first time in the Program Year *or* as December 31 of the Program Year if applying during the grace period. In Program Year 2016, the last available start date is October 2, 2016.

*Note:* For providers attesting during the grace period, the system will not accept a patient volume start date that falls between January 1, 2016, and March 31, 2016. Providers are allowed to use a start date in this time period; however, the date must be updated by the Wisconsin Medicaid EHR Incentive Program after the application is submitted. **If Eligible**

Professionals are using a patient volume start date that falls between January 1, 2016, and March 31, 2016, they are required to:

- Enter a standardized start date of April 1, 2016, as the Eligible Professional's start date.
  - Request an update to the application by contacting the Wisconsin Medicaid EHR Incentive Program at [dhsehrincentiveprogram@wi.gov](mailto:dhsehrincentiveprogram@wi.gov). In the email, include the provider name, NPI, and patient volume start and end dates.
5. Select the Patient Volume reporting period the user wishes to use.
  6. Enter a start date of any representative continuous 90-day period within the preceding calendar year or 12 months preceding attestation depending on selected Patient Volume reporting period. The calendar icon located to the right of the Start Date field may also be used to select a date.
  7. Click **Save & Continue**. The 90-day end date will be automatically calculated and will be displayed on the following page.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us  
Monday 03/18/2013 12:47:29 PM

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2013      |

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Patient Volume 90 Day Period (Part 2 of 3)**

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

**Start Date:** Nov 01, 2012  
**End Date:** Jan 29, 2013

Previous Save & Continue

**Figure 30** Patient Volume 90-Day Period (Part 2 of 3) Page

8. Review the start date and system-calculated end date for accuracy.
9. Click **Save & Continue** if the dates are correct. The Patient Volume (Part 3 of 3) page will be displayed. This page will vary according to the selections entered on the Patient Volume Practice Type (Part 1 of 3) page.

The table below lists the sections in this guide that provide details for completing Part 3 of 3 of the application. Proceed to the section that applies to the Eligible Professional's individual practice type.

| <b>Practice Type</b>   | <b>Section</b>  |
|--|---|
| Individual Eligible Professional Using Eligible Member Patient Volume      | <a href="#">4.4.1 Patient Volume — Individual</a>             |
| Group Practice Eligible Professional Using Eligible Member Patient Volume  | <a href="#">4.4.2 Patient Volume — Group</a>                  |
| Individual Eligible Professional Using Needy Individual Patient Volume     | <a href="#">4.4.3 Patient Volume — FQHC or RHC Individual</a> |
| Group Practice Eligible Professional Using Needy Individual Patient Volume | <a href="#">4.4.4 Patient Volume — FQHC or RHC Group</a>      |

### 4.4.1 Patient Volume — Individual

After clicking Save & Continue for Part 2 of 3, the Patient Volume — Individual (Part 3 of 3) page will be displayed for an individual Eligible Professional using eligible member patient volume.

**ForwardHealth**  
Wisconsin serving you

Monday 02/13/2012 2:47:07 PM CST

**Name** Anjoo Doe  
**Applicant NPI** 111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info  Eligibility  **Patient Volumes**  Attestation  Review  Submit

**Patient Volume - Individual (Part 3 of 3)**

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| *Medicaid Patient Volumes<br>(Must Select One) | *Utilizing Certified EHR Technology<br>(Must Select One) | Provider ID            | Location Name | Address                              | Available Actions |
|--|--|------------------------|---------------|--------------------------------------|-------------------|
| <input type="checkbox"/>                       | <input type="radio"/> Yes <input type="radio"/> No       | 111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131 |                   |

Add Location Refresh

Previous Reset Save & Continue

**Figure 31** Patient Volume — Individual (Part 3 of 3) Page

1. Select at least one practice location for reporting Medicaid patient volume and at least one location in the Utilizing Certified EHR Technology column.

To add a location, complete the following steps:

- a. Click **Add Location**. The following page will be displayed.



[Print](#)   [Contact Us](#)   [Exit](#)  
 Monday 02/13/2012 2:58:21 PM CST

---

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review 
Submit

---

Patient Volume - Individual (Part 3 of 3)

Please provide the information requested below to add a location to your Wisconsin Medicaid EHR Incentive Program application. *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

---

\* Location Name:  ?

\* Address Line 1:  ?

Address Line 2:

Address Line 3:

\* City:

\* State: Alabama ▼

\* Zip (5+4):  -

---

Previous
Reset
Save & Continue

**Figure 32** Patient Volume — Individual (Part 3 of 3) Add Location Page

- b. Enter the requested practice location information.

- c. Click **Save & Continue**. The Patient Volume — Individual (Part 3 of 3) page will be displayed with the added location at the bottom of the table.

**ForwardHealth**  
Wisconsin serving you

Monday 02/13/2012 2:47:07 PM CST

**Name** Anjoo Doe  
**Applicant NPI** 1111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Patient Volume - Individual (Part 3 of 3)**

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| *Medicaid Patient Volumes<br>(Must Select One) | *Utilizing Certified EHR Technology<br>(Must Select One) | Provider ID             | Location Name | Address                                      | Available Actions  |
|--|--|-------------------------|---------------|--|--|
| <input type="checkbox"/>                       | <input type="radio"/> Yes <input type="radio"/> No       | 1111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131         |  |
| <input type="checkbox"/>                       | <input type="radio"/> Yes <input type="radio"/> No       | N/A                     | ANJOO DOE     | 123 Main St.<br>MUKWONAGO, WI 53131-<br>1111 | <input type="button" value="Edit"/><br><input type="button" value="Delete"/> |

Add Location Refresh

Previous Reset Save & Continue

**Figure 33** Patient Volume — Individual (Part 3 of 3) Page with Added Location

*Note:* The user can clear all patient volume data and delete any manually added locations by clicking **Refresh**.

2. Click **Save & Continue** after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit

Thursday 04/16/2015 12:56:55 PM CDT

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456780 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 3         | <b>Program Year</b>  | 2015      |

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

You have elected to calculate and attest to eligible member patient volume as an individual. If this is incorrect, please return to the previous page and revise your selection.

In this section, you will enter your eligible member patient volume as an individual in three parts for each practice location:

- The total (in-state) eligible member patient encounters
- The total (regardless of state) eligible member patient encounters
- The total patient: encounters volume (regardless of state or payer)

Before entering your eligible member patient volume information, the annual standard deduction must be applied. The number entered must be rounded to the nearest whole number.

**Available Resources**  
Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Incentive Program standard deduction:

- **EHR Incentive Program Section in the Online Handbook**

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

**Begin**

**Figure 34** Patient Volumes Entry Instructions Page

If the information is incorrect, click the browser's **Back** button to return to the previous page to make any necessary corrections.

- Click **Begin** to calculate and attest to eligible member patient volume as an *individual* if the information is correct. The Patient Volume — Individual (Part 3 of 3) entry page will be displayed.

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Monday 03/11/2013 3:35:56 PM CDT

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**Name** Anjoo Doe  
**Applicant NPI** 1111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2013

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Patient Volume - Individual (Part 3 of 3)**

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below. If volumes do not apply, enter zero.**

An eligible member patient encounter is defined as services rendered on any one day to an individual enrolled in an eligible Medicaid program.

Before entering your eligible member patient volume information, the annual standard deduction must be applied. The number entered must be rounded to the nearest whole number.

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point

(\*) Red asterisk indicates a required field.

| Provider Id          | Location Name | Address                                   | Medicaid Only Encounter Volume<br>(In State Numerator) | Medicaid Encounter Volume<br>(Total Numerator) | Total Encounter Volume<br>(Denominator) |
|----------------------|---------------|---|--|--|---|
| 1111111111, 30054700 | John Doe      | 1505 Main St.<br>MUKWONAGO, WI 53131-1111 | *  | *  | *                                       |
| N/A                  | Anjoo Doe     | 123 Main St.<br>MUKWONAGO, WI 53131-1111  | *  | *  | *                                       |

Previous Reset Save & Continue

**Figure 35** Patient Volume — Individual (Part 3 of 3) Entry Page

- Enter the patient volume for each location:

*Note:* The annual Standard Deduction must be applied to the eligible member patient volume. The number entered must be rounded to the nearest whole number.

- Medicaid Only Encounter Volume* — enter only in-state Medicaid encounters.
- Medicaid Encounter Volume* — enter the total of both in-state and out-of-state Medicaid encounters.

*Example:* If the user has 100 in-state encounters and one out-of-state encounter, enter 101 in the Medicaid Encounter Volume field.

- Total Encounter Volume* — enter the total encounters for all patients, regardless of payer.

- Click **Save & Continue**. The Patient Volume — Individual (Part 3 of 3) review page will be displayed.



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---

**Name** Anjoo Doe

**Personal TIN/SSN** 123456789

**Payment Year** 2

**Applicant NPI** 111111111

**Payee TIN** 123456789

**Program Year** 2013

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes
Attestation 
Review 
Submit

---

Patient Volume - Individual (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

---

| Utilizing Certified EHR Technology? | Provider ID         | Location Name | Address                                   | Encounter Volumes   | %    |
|-------------------------------------|---------------------|---------------|---|---|------|
| Yes                                 | 111111111, 30054700 | John Doe      | 1505 Main St.<br>MUKWONAGO, WI 53131-1111 | <b>Medicaid Only In State:</b> 100<br><b>Total Medicaid:</b> 101<br><b>Denominator:</b> 101 | 100% |
| Yes                                 | N/A                 | Anjoo Doe     | 123 Main St.                              | <b>Medicaid Only In State:</b> 100<br><b>Total Medicaid:</b> 101<br><b>Denominator:</b> 101 | 100% |

---

| Sum Medicaid Only In State Encounter Volume<br><i>(Numerator)</i> | Sum Medicaid Encounter Volume<br><i>(Numerator)</i> | Total Encounter<br><i>(Denominator)</i> | Total % |
|---|---|---|---------|
| 200   | 202   | 202                                     | 100%    |

---

Previous
Save & Continue

**Figure 36** Patient Volume — Individual (Part 3 of 3) Review Page

- Review the information for accuracy.

7. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

The screenshot displays the ForwardHealth application interface. At the top left is the logo for ForwardHealth with the tagline "Wisconsin serving you". At the top right are links for "Print", "Contact Us", and "Exit", along with the date and time: "Tuesday 02/14/2012 9:29:29 AM CST". Below the header is a form with the following fields:

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Below the form is a navigation bar with tabs: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (checked), "Attestation" (unchecked), "Review", and "Submit" (disabled). The main content area features a large green checkmark icon on the left and the following text on the right:

You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

At the bottom center of the message box is a "Continue" button.

**Figure 37** Patient Volumes Completed Page

8. Click **Continue**. The Attestation page will be displayed. To continue with the application, proceed to [Section 4.5 Attestation](#).

### 4.4.2 Patient Volume — Group

After clicking Save & Continue for Part 2 of 3, the Patient Volume — Group (Part 3 of 3) page will be displayed for group practice Eligible Professionals using eligible member patient volume.

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Tuesday 02/14/2012 9:29:29 AM CST

**Name** Anjoo Doe  
**Applicant NPI** 1111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Patient Volume - Group (Part 3 of 3)**

If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.  
**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| *Utilizing Certified EHR Technology (Must Select One) | Provider ID             | Location Name | Address                              | Available Actions |
|---|-------------------------|---------------|--------------------------------------|-------------------|
| <input type="radio"/> Yes <input type="radio"/> No    | 1111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131 |                   |

Add Location Refresh

Previous Reset Save & Continue

**Figure 38** Patient Volume – Group (Part 3 of 3) Page

1. Select at least one practice location for the Utilizing Certified EHR Technology column.  
To add more locations, complete the following steps:

- a. Click **Add Location**. The following page will be displayed.

The screenshot shows the 'ForwardHealth Wisconsin serving you' logo at the top left. In the top right corner, there are links for 'Print', 'Contact Us', and 'Exit', along with the date and time: 'Tuesday 02/14/2012 9:29:29 AM CST'. Below the header, a summary table displays the following information:

|                         |           |                      |            |
|-------------------------|-----------|----------------------|------------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 1111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789  |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012       |

Below the summary table is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (selected), 'Attestation', 'Review', and 'Submit'. The main content area is titled 'Patient Volume - Group (Part 3 of 3)'. It contains the following text: 'Please provide the information requested below to add a location to your Wisconsin Medicaid EHR Incentive Program application.' Below this is a blue box with instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' A red asterisk note states: '(\*) Red asterisk indicates a required field.' The form fields are: '\* Location Name:' (text box with help icon), '\* Address Line 1:' (text box with help icon), 'Address Line 2:' (text box), 'Address Line 3:' (text box), '\* City:' (text box), '\* State:' (dropdown menu showing 'Alabama'), and '\* Zip (5+4):' (two text boxes separated by a hyphen). At the bottom of the form are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

**Figure 39** Patient Volume — Group (Part 3 of 3) Add Location Page

- b. Enter the requested practice location information.

- c. Click **Save & Continue**. The Patient Volume — Group (Part 3 of 3) page will be displayed with the added location at the bottom of the table.

**ForwardHealth**  
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Print Contact Us Exit  
Tuesday 02/14/2012 9:29:29 AM CST

**Name** Anjoo Doe  
**Applicant NPI** 1111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Patient Volume - Group (Part 3 of 3)**

Wisconsin Medicaid EHR Incentive Program has the following information on the locations in which you practice. Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.  
**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| *Utilizing Certified EHR Technology (Must Select One) | Provider ID          | Location Name | Address                                  | Available Actions  |
|---|----------------------|---------------|--|--|
| <input type="radio"/> Yes <input type="radio"/> No    | 1111111111, 30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53149     |  |
| <input type="radio"/> Yes <input type="radio"/> No    | N/A                  | ANJOO DOE     | 123 Main St.<br>MUKWONAGO, WI 53131-1111 | <input type="button" value="Edit"/><br><input type="button" value="Delete"/> |

Add Location Refresh

Previous Reset Save & Continue

**Figure 40** Patient Volume — Group (Part 3 of 3) Page with Added Location

*Note:* The user can clear all patient volume data and delete any manually added locations by clicking **Refresh**.

- Click **Save & Continue** after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit

Thursday 04/16/2015 1:01:00 PM CDT

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 3         | <b>Program Year</b>  | 2015      |

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

You have elected to calculate and attest to eligible member patient volume as a group. If this is incorrect, please return to the previous page and revise your selection.

In this section, you will enter the group "eligible member" patient volume in three parts for each practice location:

- The total (in-state) eligible member patient encounters
- The total (regardless of state) eligible member patient encounters
- The total patient encounters volume (regardless of state or payer)

Before entering your eligible member patient volume information, the annual standard deduction must be applied. The number entered must be rounded to the nearest whole number.

**Available Resources**  
Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Incentive Program standard deduction:

- [EHR Incentive Program Section in the Online Handbook](#)

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

**Begin**

**Figure 41** Patient Volumes Entry Instructions Page

*Note:* If the information is incorrect, click the browser's **Back** button to return to the previous page to make any necessary corrections.

- Click **Begin** to calculate and attest to eligible member patient volume as a group if the information is correct. The Patient Volume — Group (Part 3 of 3) entry page will be displayed.

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Print Contact Us  
Tuesday 03/12/2013 10:33:48 AM

Name Anjoo Doe  
Applicant NPI 111111111  
Personal TIN/SSN 123456789  
Payee TIN 123456789  
Payment Year 2  
Program Year 2013

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Patient Volume - Group (Part 3 of 3)**

Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

\*     ?

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

To report patient volume as a group:

- The eligible professional included in the group practice patient volume calculation provided services during the 90-day period that the group practice is attesting.
- There is an auditable data source to support a group practice's patient volume determination.
- All Eligible Professionals in the group practice use the same methodology for the payment year.
- The group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way.

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

An eligible member patient encounter is defined as services rendered on any one day to an individual enrolled in an eligible Medicaid program.  
Before entering your eligible member patient volume information, the annual standard deduction must be applied. The number entered must be rounded to the nearest whole number.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| Medicaid only Encounter Volume<br>(In State Numerator) | Medicaid Encounter Volumes<br>(Total Numerator) | Total Encounter Volume<br>(Denominator) |
|--|---|---|
| * <input type="text"/>                                 | * <input type="text"/>                          | * <input type="text"/>                  |

Previous Reset Save & Continue

**Figure 42** Patient Volume — Group (Part 3 of 3) Entry Page

- In the fields at the top of the page, enter the Group Practice Provider ID(s) the user will use to report eligible member patient volume requirements. If the user listed four Group Practice Provider IDs, the eligible member patient volume numbers in the lower section of the panel represent more IDs than the four listed. Check the box following “Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volume.”

5. Enter the patient volume for each location.

*Note:* The annual Standard Deduction must be applied to the eligible member patient volume. The number entered must be rounded to the nearest whole number.

- *Medicaid Only Encounter Volume* — enter only in-state Medicaid encounters.

*Example:* If the user has 100 in-state encounters and one out-of-state encounter, enter 101 in the Medicaid Encounter Volume field.

- *Total Encounter Volume* — enter the total encounters for all patients, regardless of payer.

6. Click **Save & Continue**. The Patient Volume — Group (Part 3 of 3) review page will be displayed.

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Tuesday 02/14/2012 9:29:29 AM CST

**Name** Anjoo Doe  
**Applicant NPI** 111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

**Patient Volume - Group (Part 3 of 3)**

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

| Utilizing Certified EHR Technology? | Provider ID             | Location Name | Address                              |
|-------------------------------------|-------------------------|---------------|--------------------------------------|
| Yes                                 | 1111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131 |

Group Practice ID(s) 1154436160 1487662037

| Sum Medicaid only Encounter Volume | Sum Medicaid Encounter Volumes Total Numerator | Denominator | Total % |
|------------------------------------|--|-------------|---------|
| 100                                | 101  | 200         | 51%     |

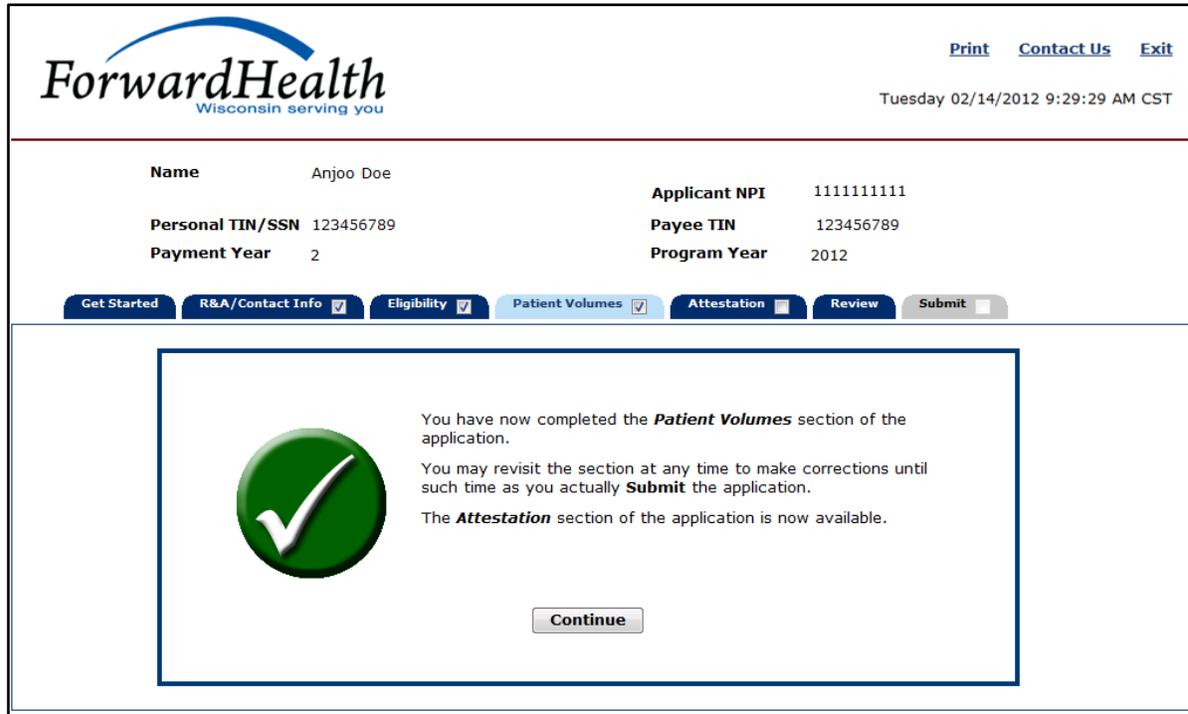
Previous Save & Continue

**Figure 43** Patient Volume — Group (Part 3 of 3) Review Page

7. Review the information to ensure it is accurate.

- Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.



The screenshot displays the ForwardHealth application interface. At the top left is the logo for ForwardHealth, with the tagline "Wisconsin serving you". To the right of the logo are links for "Print", "Contact Us", and "Exit", and a timestamp: "Tuesday 02/14/2012 9:29:29 AM CST". Below the header, there is a table of application details:

|                         |           |                      |            |
|-------------------------|-----------|----------------------|------------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 1111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789  |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012       |

Below the table is a navigation bar with several tabs: "Get Started", "R&A/Contact Info" (with a checkmark), "Eligibility" (with a checkmark), "Patient Volumes" (with a checkmark), "Attestation" (with a square icon), "Review", and "Submit" (with a square icon). The "Patient Volumes" tab is highlighted.

The main content area features a large green circular icon with a white checkmark. To the right of the icon, the following text is displayed:

You have now completed the **Patient Volumes** section of the application.  
You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.  
The **Attestation** section of the application is now available.

At the bottom center of this section is a "Continue" button.

**Figure 44** Patient Volumes Completed Page

- Click **Continue**. The Attestation page will be displayed. To continue with the application, proceed to [Section 4.5 Attestation](#).

### 4.4.3 Patient Volume — Federally Qualified Health Center/Rural Health Clinic Individual

After clicking Save & Continue for Part 2 of 3, the Patient Volume — FQHC/RHC Individual (Part 3 of 3) page will be displayed for individual Eligible Professional using needy individual patient volume.

**ForwardHealth**  
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**Name** Anjoo Doe  
**Applicant NPI** 111111111  
**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

**Patient Volume - FQHC/RHC Individual (Part 3 of 3)**

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| *Medicaid Patient Volumes<br>(Must Select One) | *Utilizing Certified EHR Technology<br>(Must Select One) | Provider ID            | Location Name | Address                              | Available Actions |
|--|--|------------------------|---------------|--------------------------------------|-------------------|
| <input type="checkbox"/>                       | <input type="radio"/> Yes <input type="radio"/> No       | 111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131 |                   |

Add Location Refresh

Previous Reset Save & Continue

**Figure 45** Patient Volume — FQHC/RHC Individual (Part 3 of 3) Page

1. Select at least one practice location for Medicaid patient volume and at least one location for the Utilizing Certified EHR Technology column.

To add more locations, complete the following steps:

- a. Click **Add Location**. The following page will be displayed.

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Tuesday 02/14/2012 9:29:29 AM CST

**Name** Anjoo Doe      **Applicant NPI** 1111111111  
**Personal TIN/SSN** 123456789      **Payee TIN** 123456789  
**Payment Year** 2      **Program Year** 2012

**Get Started** **R&A/Contact Info**  **Eligibility**  **Patient Volumes**  **Attestation**  **Review**  **Submit**

**Patient Volume - FQHC/RHC Individual (Part 3 of 3)**

Please provide the information requested below to add a location to your Wisconsin Medicaid EHR Incentive Program application.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

**(\*) Red asterisk indicates a required field.**

\* **Location Name:**

\* **Address Line 1:**

**Address Line 2:**

**Address Line 3:**

\* **City:**

\* **State:** Alabama

\* **Zip (5+4):**  -

**Previous** **Reset** **Save & Continue**

**Figure 46** Patient Volume — FQHC/RHC Individual (Part 3 of 3) Add Location Page

- b. Enter the requested practice location information.

- c. Click **Save & Continue**. The Patient Volume — FQHC/RHC Individual (Part 3 of 3) page will be displayed with the added location at the bottom of the table.



[Print](#)   [Contact Us](#)   [Exit](#)  
 Tuesday 02/14/2012 9:29:29 AM CST

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

**Patient Volume - FQHC/RHC Individual (Part 3 of 3)**

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| *Medicaid Patient Volumes<br>(Must Select One) | *Utilizing Certified EHR Technology<br>(Must Select One) | Provider ID            | Location Name | Address                                  | Available Actions  |
|--|--|------------------------|---------------|--|--|
| <input type="checkbox"/>                       | <input type="radio"/> Yes <input type="radio"/> No       | 111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131     |  |
| <input type="checkbox"/>                       | <input type="radio"/> Yes <input type="radio"/> No       | N/A                    | ANJOO DOE     | 123 Main St.<br>MUKWONAGO, WI 53131-1111 | <input type="button" value="Edit"/><br><input type="button" value="Delete"/> |

**Figure 47** Patient Volume — FQHC/RHC Individual (Part 3 of 3) Page with Added Location

*Note:* The user can clear all patient volume data and delete a manually added location(s) by clicking **Refresh**.

2. Click **Save & Continue** on the Patient Volume — FQHC/RHC Individual (Part 3 of 3) page after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit  
Tuesday 02/14/2012 9:29:29 AM CST

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

You have elected to calculate and attest to needy individual patient volume as an individual. If this is incorrect, please return to the previous page and revise your selection.

In this section, you will enter your needy individual patient volume as an individual in four parts for each practice location:

- Medicaid and CHIP encounter volume
- Other Needy Individual encounter volume
- The total Needy Individual encounter volume
- The total patient encounters volume (regardless of state or payer)

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

**Begin**

**Figure 48** Patient Volumes Entry Instructions Page

If the information is incorrect, click **Previous** to return to the previous page to make any necessary corrections.

- Click **Begin** to calculate and attest to needy individual patient volume as an individual if the information is correct. The Patient Volume — FQHC/RHC Individual (Part 3 of 3) entry page will be displayed.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us  
Tuesday 03/12/2013 2:46:00 PM

**Name** Anjoo Doe      **Applicant NPI** 1111111111  
**Personal TIN/SSN** 123456789      **Payee TIN** 123456789  
**Payment Year** 2      **Program Year** 2013

Get Started   R&A/Contact Info   Eligibility   Patient Volumes   Attestation   Review   Submit

**Patient Volume - FQHC/RHC Individual (Part 3 of 3)**

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below. If volumes do not apply, enter zero.**

Needy Encounters are defined as:  
 The Wisconsin Medicaid EHR Incentive Program defines needy individual encounters as services rendered on any one day to an eligible member enrolled in an eligible Medicaid Program, as well as those who are provided uncompensated care by the provider, or individuals provided services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point

**(\*) Red asterisk indicates a required field.**

| Provider ID         | Location Name | Address                                | Medicaid and CHIP Encounter Volume (Numerator) | Other Needy Individual Encounter Volume (Numerator) | Total Needy Encounter Volume (Total Numerator) | Total Encounter Volume (Denominator) |
|---------------------|---------------|--|--|---|--|--------------------------------------|
| 111111111, 30054700 | Anjoo Doe     | 1505 Main St. MUKWONAGO, WI 53131-1111 | * <input type="text"/>                         | * <input type="text"/>                              | * <input type="text"/>                         | * <input type="text"/>               |

Previous   Reset   Save & Continue

**Figure 49** Patient Volume — FQHC/RHC Individual (Part 3 of 3) Entry Page

- Enter the patient volume for each location:
  - Medicaid and Children’s Health Insurance Program (CHIP) Encounter — enter the patient volume for eligible members.
  - Other Needy Individual Encounter Volume — enter any additional patient encounters that are classified as uncompensated care, no cost, or reduced cost based on a sliding scale determined by the individual’s ability to pay.
  - Total Needy Encounter Volume — enter the sum of the two previously entered patient encounter values (Medicaid and CHIP and Other Needy Individuals).
  - Total Encounter Volume — enter the total encounters for all patients, regardless of payer.

- Click **Save & Continue**. The Patient Volume — FQHC/RHC Individual (Part 3 of 3) review page will be displayed.



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---

**Name** Anjoo Doe

**Personal TIN/SSN** 123456789

**Payment Year** 2

**Applicant NPI** 1111111111

**Payee TIN** 123456789

**Program Year** 2012

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

---

**Patient Volume- FQHC/RHC Individual (Part 3 of 3)**

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

---

| Utilizing Certified EHR Technology? | Provider ID             | Location Name | Address                                 | Encounter Volumes  | % Volume (Denominator) |
|-------------------------------------|-------------------------|---------------|---|--|------------------------|
| Yes                                 | 1111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI<br>53131 | <b>Medicaid and chip Numerator:</b> 100<br><b>Other Needy Numerator:</b> 1<br><b>Total Needy Numerator:</b> 101<br><b>Denominator:</b> 200 | 51%                    |

---

| Sum Medicaid and Chip Encounter Volume | Sum Other Needy Individual Encounter Volume | Sum Total Needy Encounter Volume | Denominator | Total % |
|--|---|----------------------------------|-------------|---------|
| 100                                    | 1   | 101                              | 200         | 51%     |

Previous
Save & Continue

**Figure 50** Patient Volume – FQHC/RHC Individual (Part 3 of 3) Review Page

- Review the information for accuracy.

7. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

The screenshot displays the ForwardHealth application interface. At the top left is the logo for ForwardHealth with the tagline "Wisconsin serving you". At the top right are links for "Print", "Contact Us", and "Exit", along with the date and time: "Tuesday 02/14/2012 9:29:29 AM CST". Below the header is a table of applicant information:

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Below the table is a navigation bar with tabs: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes" (checked), "Attestation" (unchecked), "Review", and "Submit" (disabled). The main content area features a large green circular icon with a white checkmark. To the right of the icon, the text reads: "You have now completed the **Patient Volumes** section of the application. You may revisit the section at any time to make corrections until such time as you actually **Submit** the application. The **Attestation** section of the application is now available." At the bottom center of this area is a "Continue" button.

**Figure 51** Patient Volumes Completed Page

8. Click **Continue**. The Attestation page will be displayed. To continue with the application, proceed to [Section 4.5 Attestation](#).

### 4.4.4 Patient Volume — Federally Qualified Health Center/Rural Health Clinic Group

After clicking Save & Continue for Part 2 of 3, the Patient Volume — FQHC/RHC Group (Part 3 of 3) page will be displayed for group practice Eligible Professionals using needy individual patient volume.

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**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

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**Patient Volume - FQHC/RHC Group (Part 3 of 3)**

If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.  
***You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.***

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

| *Utilizing Certified EHR Technology (Must Select One)         | Provider ID          | Location Name | Address                              | Available Actions |
|---|----------------------|---------------|--------------------------------------|-------------------|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | 1111111111, 30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131 |                   |

[Add Location](#) [Refresh](#)

[Previous](#) [Reset](#) [Save & Continue](#)

**Figure 52** Patient Volume — FQHC/RHC Group (Part 3 of 3) Page

1. Select at least one practice location in the Utilizing Certified EHR Technology column.

To add more locations, complete the following steps:

- a. Click **Add Location**. The following page will be displayed.

The screenshot shows the 'ForwardHealth Wisconsin serving you' logo at the top left. To the right are links for 'Print', 'Contact Us', and 'Exit', and a timestamp 'Tuesday 02/14/2012 9:29:29 AM CST'. Below the header is a summary table:

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Below the table is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (disabled), 'Review', and 'Submit' (disabled).

The main content area is titled 'Patient Volume - FQHC/RHC Group (Part 3 of 3)'. It contains the instruction: 'Please provide the information requested below to add a location to your Wisconsin Medicaid EHR Incentive Program application.' Below this is a blue box with instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.'

A red asterisk note states: '(\*) Red asterisk indicates a required field.'

The form fields are:

- \* Location Name:  ?
- \* Address Line 1:  ?
- Address Line 2:
- Address Line 3:
- \* City:
- \* State: Alabama (dropdown menu)
- \* Zip (5+4):  -

At the bottom are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

**Figure 53** Patient Volume — FQHC/RHC Group (Part 3 of 3) Add Location Page

- b. Enter the requested practice location information.

- c. Click **Save & Continue**. The Patient Volume — FQHC/RHC Group (Part 3 of 3) page will be displayed with the added location at the bottom of the table.



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---

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**Payment Year** 2

**Applicant NPI** 111111111

**Payee TIN** 123456789

**Program Year** 2012

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

---

**Patient Volume - FQHC/RHC Group (Part 3 of 3)**

If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.  
**You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.**

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
 Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

---

| *Utilizing Certified EHR Technology (Must Select One) | Provider ID          | Location Name | Address                                  | Available Actions  |
|---|----------------------|---------------|--|--|
| <input type="radio"/> Yes <input type="radio"/> No    | 1111111111, 30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53149     |  |
| <input type="radio"/> Yes <input type="radio"/> No    | N/A                  | ANJOO DOE     | 123 Main St.<br>MUKWONAGO, WI 53131-1111 | <input type="button" value="Edit"/><br><input type="button" value="Delete"/> |

---

**Figure 54** Patient Volume — FQHC/RHC Group (Part 3 of 3) Page with Added Location

*Note:* The user can clear all patient volume data and delete a manually added location(s) by clicking **Refresh**.

2. Click **Save & Continue** on the Patient Volume — FQHC/RHC Group (Part 3 of 3) page after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

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**Payment Year** 2

**Program Year** 2012

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You have elected to calculate and attest to needy individual patient volume as a group. If this is incorrect, please return to the previous page and revise your selection.

In this section, you will enter the group needy individual patient volume in four parts for each practice location:

- Medicaid and CHIP encounter volume
- Other Needy Individual encounter volume
- The total Needy Individual encounter volume
- The total patient encounters volume (regardless of state or payer)

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

[Begin](#)

**Figure 55** Patient Volumes Entry Instructions Page

If the information is incorrect, click the browser's **Back** button to return to the previous page to make any necessary corrections.

- Click **Begin** to calculate and attest to needy individual patient volume as a group if the information is correct. The Patient Volume — FQHC/RHC Group (Part 3 of 3) entry page will be displayed.



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**Applicant NPI** 1111111111

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**Program Year** 2013

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review 
Submit

**Patient Volume - FQHC/RHC Group (Part 3 of 3)**

Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

\*     ?

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

**Group Volumes**

To report patient volume as a group:

- The eligible professional included in the group practice patient volume calculation provided services during the 90-day period that the group practice is attesting.
- There is an auditable data source to support a group practice's patient volume determination.
- All Eligible Professionals in the group practice use the same methodology for the payment year.
- The group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way.

The Wisconsin Medicaid EHR Incentive Program defines needy individual encounters as services rendered on any one day to an eligible member enrolled in an eligible Medicaid Program, as well as those who are provided uncompensated care by the provider, or individuals provided services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay. Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(\*) Red asterisk indicates a required field.

| <span style="float: left;">?</span> Medicaid & CHIP Encounter Volume<br>(Numerator) | <span style="float: left;">?</span> Other Needy Individual Encounter Volume<br>(Numerator) | <span style="float: left;">?</span> Total Needy Encounter Volume<br>(Numerator) | <span style="float: left;">?</span> Total Encounter Volume<br>(Denominator) |
|---|--|---|---|
| * <input type="text"/>  | * <input type="text"/>   | * <input type="text"/>  | * <input type="text"/>  |

Previous
Reset
Save & Continue

**Figure 56** Patient Volume — FQHC/RHC Group (Part 3 of 3) Entry Page

4. Enter the Group Practice Provider ID(s) the user will use to report needy individual patient volume requirements in the fields at the top of the page.

If the user listed four Group Practice Provider IDs, the patient volume numbers in the lower section of the panel represent more IDs than the four listed. Check the box following “Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volume.”

5. Enter the patient volume for each location:
  - *Medicaid and CHIP (Children’s Health Insurance Program) Encounter* — enter the patient volume for eligible members.
  - *Other Needy Individual Encounter Volume* — enter any additional patient encounters that are classified as uncompensated care, no cost, or reduced cost based on a sliding scale determined by the individual’s ability to pay.
  - *Total Needy Encounter Volume* — enter the sum of the two previously entered patient encounter values (Medicaid and CHIP and Other Needy Individuals).
  - *Total Encounter Volume* — enter the total encounters for all patients, regardless of payer.

- Click **Save & Continue**. The Patient Volume — FQHC/RHC Group (Part 3 of 3) review page will be displayed.



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---

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**Applicant NPI** 111111111

**Payee TIN** 123456789

**Program Year** 2012

Get Started
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Eligibility 
Patient Volumes 
Attestation 
Review
Submit

---

**Patient Volume - FQHC/RHC Group (Part 3 of 3)**

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

*When ready click the **Save & Continue** button to continue, or click **Previous** to go back.*

---

| Utilizing Certified EHR Technology? | Provider ID            | Location Name | Location Name                        |
|-------------------------------------|------------------------|---------------|--------------------------------------|
| Yes                                 | 111111111,<br>30000000 | ANJOO DOE     | 225 EAGLE AVE<br>MUKWONAGO, WI 53131 |

---

Group Practice ID(s)    111111111    100000000

| Medicaid & CHIP Encounter Volume (Numerator) | Other Needy Individual Encounter Volume (Numerator) | Total Needy Encounter Volume (Numerator) | Total Encounter Volume (Denominator) | Total % |
|--|---|--|--------------------------------------|---------|
| 100  | 1   | 101                                      | 200                                  | 51%     |

---

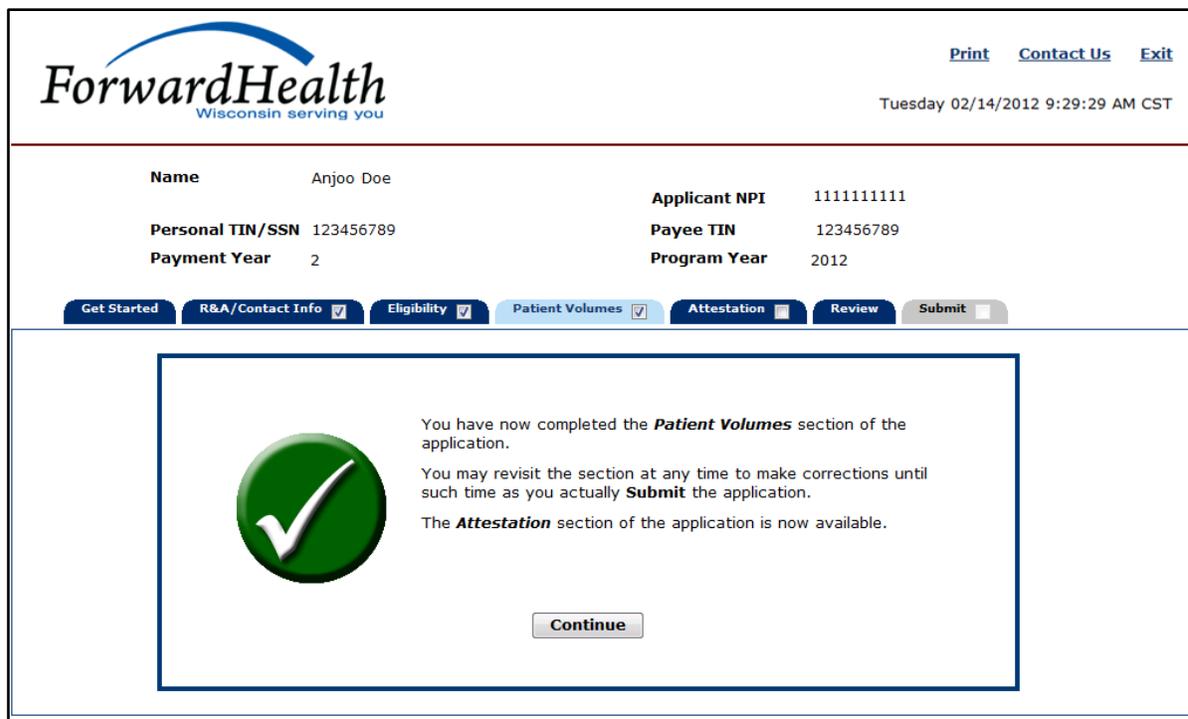
Previous
Save & Continue

**Figure 57** Patient Volume — FQHC/RHC Group (Part 3 of 3) Review Page

- Review the information for accuracy.

- Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.



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Payment Year 2

Program Year 2012

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

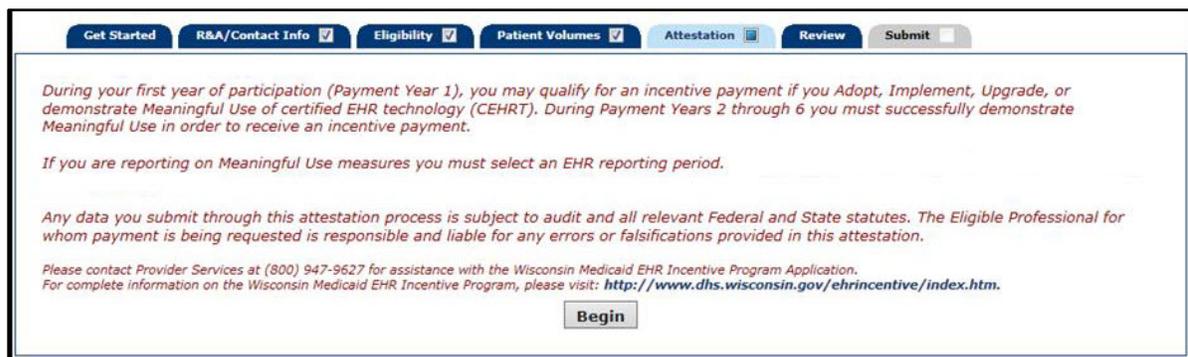
Continue

**Figure 58** Patient Volumes Completed Page

- Click **Continue**. The Attestation page will be displayed.

## 4.5 Attestation

After completing the Patient Volumes tab, the Initial Attestation page will be displayed.



Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

*During your first year of participation (Payment Year 1), you may qualify for an incentive payment if you Adopt, Implement, Upgrade, or demonstrate Meaningful Use of certified EHR technology (CEHRT). During Payment Years 2 through 6 you must successfully demonstrate Meaningful Use in order to receive an incentive payment.*

*If you are reporting on Meaningful Use measures you must select an EHR reporting period.*

*Any data you submit through this attestation process is subject to audit and all relevant Federal and State statutes. The Eligible Professional for whom payment is being requested is responsible and liable for any errors or falsifications provided in this attestation.*

*Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application. For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.*

Begin

**Figure 59** Initial Attestation Page

1. Click **Begin**. For Eligible Professionals participating in their *first* payment year who may attest to either Adopt, Implement, Upgrade, or Meaningful Use of CEHRT, the following Attestation Phase (Part 1 of 3) page will be displayed.

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**Personal TIN/SSN** 123456789  
**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** where you would like to receive an incentive payment. The selection that you make on will determine the questions that you will be asked on subsequent pages.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**Adoption:**  
You have acquired or are installing certified EHR technology.

**Implementation:**  
You are installing certified EHR technology and have started one of the following:

- A training program for the certified EHR technology
- Data entry of patient demographic and administrative data into the EHR
- Establishment of data exchange agreements and relationships between the provider's certified EHR technology and other providers (such as laboratories, pharmacies, or HIEs).

**Upgrade:**  
You are expanding the functionality of certified EHR technology, such as the addition of clinical decision support, e-prescribing functionality, Computerized provider order entry (CPOE), or other enhancements that facilitate the collection of meaningful use measures.

**Meaningful Use:**  
You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Previous Reset Save & Continue

**Figure 60** First Payment Year Attestation Phase (Part 1 of 3) Page

Select the attestation phase for the incentive payment for which the Eligible Professional is applying. Based on the attestation phase selected, the user may be asked to complete additional information about activities related to the selected phase:

- For Adoption, refer to [Section 4.5.1 Adoption Phase](#).

- For Implementation, refer to [Section 4.5.2 Implementation Phase](#).
- For Upgrade, refer to [Section 4.5.3 Upgrade Phase](#).
- For Meaningful Use, refer to [Section 4.5.4 Meaningful Use](#).

For Eligible Professionals attesting to the Meaningful Use of CEHRT, the following Attestation Phase (Part 1 of 3) page will be displayed. In Program Year 2016, all Eligible Professionals must select the Meaningful Use (90 days) radio button to proceed.

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|                         |            |                      |           |
|-------------------------|------------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 1234567989 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2          | <b>Program Year</b>  | 2016      |

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

**Attestation Phase (Part 1 of 3)**

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

*In Program Year 2016, Eligible Professionals scheduled to report for a full year may use any continuous 90-day EHR reporting period.*

**Note:** You may complete the application using a full year of Meaningful Use measure data after selecting Meaningful Use (90 days) below. To request an update to EHR reporting period dates, send an email to [dhsehrincentiveprogram@wi.gov](mailto:dhsehrincentiveprogram@wi.gov) after submitting the application.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**Meaningful Use (90 days)**

You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.

Previous Reset Save & Continue

**Figure 61** Attestation Phase (Part 1 of 3) Page

*Note:* Eligible Professionals are required to report on a minimum of 90 days but may choose to report on the full calendar year in 2016. Eligible Professionals that have captured a full year of Meaningful Use data must select the Meaningful Use (90 days) radio button, and then complete their application using a full year of Meaningful Use measure data. After submitting the application, the Eligible Professional should send an email to [dhsehrincentiveprogram@dhs.wisconsin.gov](mailto:dhsehrincentiveprogram@dhs.wisconsin.gov) requesting an update to the EHR reporting period dates to reflect the full year of data.

Refer to [Section 4.5.4 Meaningful Use](#).

### 4.5.1 Adoption Phase

1. Select **Adoption** to demonstrate acquisition, installation, or contractual proof of a future acquisition of CEHRT.
2. Click **Save & Continue**. The Attestation Phase (Part 3 of 3) page will be displayed. Proceed to [Section 4.5.5 Final Attestation](#).

### 4.5.2 Implementation Phase

1. Select **Implementation** if the Eligible Professional meets the criteria for adopting CEHRT and is demonstrating actual implementation, installation, or use of CEHRT.
2. Click **Save & Continue**. The Attestation Phase (Part 2 of 3) page will be displayed.



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---

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**Personal TIN/SSN** 123456789

**Payment Year** 2

**Applicant NPI** 1111111111

**Payee TIN** 123456789

**Program Year** 2012

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

---

**Attestation Phase (Part 2 of 3)**

Please select the activities where you have **planned** or **completed** an implementation.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
 Click **Reset** to restore this panel to the starting point.  
 After saving, click the **Clear All** button to remove standard activity selections.*

(\*) Red asterisk indicates a required field.

| *Implementation Activity                            | Planned               | Complete              |
|---|-----------------------|-----------------------|
| Workflow Analysis                                   | <input type="radio"/> | <input type="radio"/> |
| Workflow Redesign                                   | <input type="radio"/> | <input type="radio"/> |
| Software Installation                               | <input type="radio"/> | <input type="radio"/> |
| Hardware Installation                               | <input type="radio"/> | <input type="radio"/> |
| Peripherals Installation                            | <input type="radio"/> | <input type="radio"/> |
| Internet Connectivity / Broadband                   | <input type="radio"/> | <input type="radio"/> |
| Uploading Patient Data                              | <input type="radio"/> | <input type="radio"/> |
| Electronic Prescribing                              | <input type="radio"/> | <input type="radio"/> |
| Health Information Exchange (i.e. labs, pharmacy)   | <input type="radio"/> | <input type="radio"/> |
| Physical Redesign of Workspace                      | <input type="radio"/> | <input type="radio"/> |
| Training  | <input type="radio"/> | <input type="radio"/> |
| <input type="button" value="Other (Click to Add)"/> |                       |                       |

Previous
Reset
Clear All
Save & Continue

**Figure 62** Attestation Phase (Part 2 of 3) Implementation Activity Page

3. Select **Planned** or **Complete** for the listed implementation activities.
4. Click **Other (Click to Add)** to add additional implementation activities:
  - Enter the desired implementation activity in the provided space.
  - Select **Planned** or **Complete**.
5. Click **Save & Continue**. The Attestation Phase (Part 2 of 3) review page will be displayed.

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**Payee TIN** 123456789  
**Payment Year** 2  
**Program Year** 2012

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**Attestation Phase (Part 2 of 3)**

Please review the list of the activities where you have **planned** or **completed** an implementation.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

| Implementation Activity                           | Planned | Complete |
|---|---------|----------|
| Workflow Analysis                                 |         | ✓        |
| Workflow Redesign                                 |         | ✓        |
| Software Installation                             |         | ✓        |
| Hardware Installation                             |         | ✓        |
| Peripherals Installation                          |         | ✓        |
| Internet Connectivity / Broadband                 |         | ✓        |
| Uploading Patient Data                            | ✓       |          |
| Electronic Prescribing                            | ✓       |          |
| Health Information Exchange (i.e. labs, pharmacy) | ✓       |          |
| Physical Redesign of Workspace                    | ✓       |          |
| Training  | ✓       |          |

[Previous](#) [Save & Continue](#)

**Figure 63** Attestation Phase (Part 2 of 3) Implementation Activity Review Page

6. Review the implementation activities that the user selected as planned or complete.
7. Click **Save & Continue** if the information is accurate. The Attestation Phase (Part 3 of 3) page will be displayed. Proceed to [Section 4.5.5 Final Attestation](#).

### 4.5.3 Upgrade Phase

1. Select **Upgrade** if the Eligible Professional meets the criteria for adopting and implementing and demonstrates expansion of the CEHRT's functionality.
2. Click **Save & Continue**. The Attestation Phase (Part 2 of 3) page will be displayed.

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**Payee TIN** 123456789

**Program Year** 2012

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#### Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.  
After saving, click the **Clear All** button to remove standard activity selections.

(\*) Red asterisk indicates a required field.

| *Upgrade Activity  | Planned               | Complete              |
|--|-----------------------|-----------------------|
| Upgrading Software Version   | <input type="radio"/> | <input type="radio"/> |
| Upgrading Hardware or Peripherals  | <input type="radio"/> | <input type="radio"/> |
| Clinical Decision Support  | <input type="radio"/> | <input type="radio"/> |
| Electronic Prescribing   | <input type="radio"/> | <input type="radio"/> |
| Computerized Provider Order Entry  | <input type="radio"/> | <input type="radio"/> |
| Adding Functionality / Modules (personal health record, mental health, dental) | <input type="radio"/> | <input type="radio"/> |
| <a href="#">Other (Click to Add)</a>   |                       |                       |

[Previous](#) [Reset](#) [Clear All](#) [Save & Continue](#)

**Figure 64** Attestation Phase (Part 2 of 3) Upgrade Activity Page

3. Select **Planned** or **Complete** for the listed upgrade activities.
4. Click **Other (Click to Add)** to add additional upgrade activities:
  - Type the desired upgrade activity in the provided space.
  - Select **Planned** or **Complete**.

- Click **Save & Continue**. The Attestation Phase (Part 2 of 3) review page will be displayed.

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Tuesday 02/14/2012 9:29:29 AM CST

**Name** Anjoo Doe

**Personal TIN/SSN** 123456789

**Payment Year** 2

**Applicant NPI** 1111111111

**Payee TIN** 123456789

**Program Year** 2012

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

**Attestation Phase (Part 2 of 3)**

Please review the list of activities where you have **planned** or **completed** an upgrade.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

| Upgrade Activity   | Planned | Complete |
|--|---------|----------|
| Upgrading Software Version   |         | ✓        |
| Upgrading Hardware or Peripherals  |         | ✓        |
| Clinical Decision Support  |         | ✓        |
| Electronic Prescribing   | ✓       |          |
| Computerized Provider Order Entry  | ✓       |          |
| Adding Functionality / Modules (personal health record, mental health, dental) | ✓       |          |

[Previous](#) [Save & Continue](#)

**Figure 65** Attestation Phase (Part 2 of 3) Upgrade Activity Review Page

- Review the upgrade activities the user selected as planned or complete.
- If the information is accurate, click **Save & Continue**. The Attestation Phase (Part 3 of 3) page will be displayed. Proceed to [Section 4.5.5 Final Attestation](#).

#### 4.5.4 Meaningful Use

Modified Stage 2 of Meaningful Use has replaced the core and menu structure of Stages 1 and 2 with a single set of objectives and measures. This means that Eligible Professionals participating in Program Year 2016 will attest to all Modified Stage 2 objectives regardless of their previously scheduled stage.

To help Eligible Professionals who are scheduled to participate in Stage 1 or 2 and may not otherwise be able to meet the criteria in Program Year 2016, there are alternate exclusion criteria. These accommodations include:

- Eligible Professionals scheduled to participate in Stage 1 (i.e., those who successfully attested to a stage of Meaningful Use for less than two prior years of participation) for the

Computerized Provider Order Entry (CPOE) Objective measure 2 (laboratory orders) and measure 3 (radiology orders), and the Required Public Health Objective.

- Eligible Professionals scheduled to participate in Stage 2 (i.e., those who successfully attested to a stage of meaningful use for at least two prior years of participation *and* did not intend to attest to the original Stage 2 public health measures) for the Required Public Health Objective only.

Eligible Professionals who meet the criteria for alternate exclusions are given the option to attest to these for each applicable measure within the application and the instructions to do so are captured in the sections below.

## EHR Reporting Period

The EHR reporting period is the timeframe in which Eligible Professionals report Meaningful Use to the Wisconsin Medicaid EHR Incentive Program. The EHR reporting period must fall within the calendar year in which the Eligible Professional is applying (e.g., Eligible Professionals applying for Program Year 2016 must select an EHR reporting period from January 1, 2016, through December 31, 2016).

In Program Year 2016, the Meaningful Use attestation EHR reporting period is any continuous 90-day period.

1. Select **Meaningful Use** to capture Meaningful Use measures using certified EHR technology at locations where at least 50 percent of the patient encounters are provided.

- Click **Save & Continue**. The Attestation EHR Reporting Period (Part 1 of 3) page will be displayed.

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Friday 12/02/2016 11:53:55 AM CST

Name  
Personal TIN/SSN  
Payment Year 4

Applicant NPI  
Payee TIN  
Program Year 2015

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

**Attestation EHR Reporting Period (Part 1 of 3)**

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Professional demonstrates meaningful use of certified EHR technology.

*In Program Year 2016, Eligible Professionals scheduled to report for a full year may report on any continuous 90-day EHR reporting period.*

**Note:** The end date of the continuous 90-day period will be calculated based on the start date entered.

If you have captured a full year of Meaningful Use measure data, enter a start date of January 1, 2016, and request an update to the the EHR reporting period dates by emailing [dhsehrincentiveprogram@wi.gov](mailto:dhsehrincentiveprogram@wi.gov) after submitting your application. The end date displayed on the next screen will be March 30, 2016 because the system does not automatically calculate a full year data range.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

\* Start Date:    
mm/dd/yyyy

Previous Reset Save & Continue

**Figure 66** Attestation EHR Reporting Period (Part 1 of 3) Page

- Enter the start date of the EHR reporting period in which the Eligible Professional demonstrated Meaningful Use. The calendar icon located to the right of the Start Date field may also be used to select a date.

*Note:* Eligible Professionals that have captured a full year of Meaningful Use data should enter a start date of January 1, 2016. The end date displayed on the next screen will be March 30, 2016. The Eligible Professional must then request an update to the EHR reporting period dates by sending an email including the provider's name and NPI to [dhsehrincentiveprogram@dhs.wisconsin.gov](mailto:dhsehrincentiveprogram@dhs.wisconsin.gov) after submitting the application.

- Click **Save & Continue**. The end date will be automatically calculated and displayed on the following page.

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation EHR Reporting Period (Part 1 of 3)**

Please confirm that the dates displayed below represent the EHR reporting period for the payment year where the Eligible Professional demonstrates meaningful use of certified EHR technology.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

**Start Date:** Jan 01, 2016  
**End Date:** Dec 31, 2016

Previous Save & Continue

**Figure 67** Attestation EHR Reporting Period (Part 1 of 3) Page

- Review the start date and system-calculated end date for accuracy. If the EHR reporting period is a full year, the system should have automatically set the start date as 1/1/2016.

- Click **Save & Continue** if the dates are correct. The Meaningful Use Objectives Dashboard page will be displayed.

**ForwardHealth**  
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Wednesday 04/06/2016 12:00:22 PM CDT

**Name** Anjoo Doe      **Applicant NPI** 111111111  
**Personal TIN/SSN** 1234567989      **Payee TIN** 123456789  
**Payment Year** 2      **Program Year** 2015

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

| Completed?                          | Topics                                | Progress | Action |
|-------------------------------------|---------------------------------------|----------|--------|
| <input checked="" type="checkbox"/> | General Requirements                  |          | Begin  |
| <input checked="" type="checkbox"/> | Meaningful Use Objectives (1-9)       |          | Begin  |
| <input type="checkbox"/>            | Required Public Health Objective (10) |          | Begin  |

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

|  |                   |
|--|-------------------|
| Clinical Quality Measure - General       | EDIT<br>Clear All |
| Clinical Quality Measure - Adult Set     |                   |
| Clinical Quality Measure - Pediatric Set |                   |

**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous Save & Continue

**Figure 68** Attestation Meaningful Use Objectives Dashboard Page

The Meaningful Use measures are grouped into two sets of topics. To complete the attestation, the user must complete *all* of the following topics:

- General Requirements
- Meaningful Use Objectives (1–9)

- Required Public Health Objective (10)

The user must also complete *one* of the following topics:

- Clinical Quality Measure — General
- Clinical Quality Measure — Adult Set
- Clinical Quality Measure — Pediatric Set

## Completed and Uncompleted Topics

The application will display a check mark by a topic when all required data has been entered. The progress of each topic will be displayed as objectives are completed.

| Completed?  | Topics  | Progress | Action  |
|---|---|----------|---|
|  | <b>Completed</b><br>General Requirements                | 2/2      | <input type="button" value="EDIT"/><br><input type="button" value="Clear All"/> |
|   | Meaningful Use Objectives (1-9)<br><b>Not Completed</b> | 1/9      | <input type="button" value="EDIT"/><br><input type="button" value="Clear All"/> |
|   | Required Public Health Objective (10)                   |          | <input type="button" value="Begin"/>  |

**Figure 69** Meaningful Use Measures Dashboard showing Completed and Uncompleted Topics

Once a topic is started, the Progress column will display the number of completed items with the total number contained in the topic.

An EDIT button will appear after the topic is selected. Click **Clear All** to erase all information entered for the measures.

*Note:* When all topics are complete, click **Save and Continue** on this page to finalize the attestation process.

## General Requirements

- Under the General Requirements topic, click **Begin**. The Meaningful Use General Requirements page will be displayed.

**ForwardHealth**  
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Friday 04/06/2012 11:14:42 AM CDT

**Name** ACME GENERAL HOSPITAL      **NPI** 111111111  
**CCN** 555555      **Hospital TIN** 123456789  
**Payment Year** 2      **Program Year** 2014

Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

**Meaningful Use General Requirements**

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\* Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.      \* Numerator :       \* Denominator :

\* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.      \* Numerator :       \* Denominator :

Previous Reset Save & Continue

**Figure 70** Meaningful Use General Requirements Page

- To demonstrate that at least 50 percent of all patient encounters occur in a location(s) where certified EHR technology is being used, complete the following actions:
  - In the *Numerator* field, enter *only* patient encounters where a medical treatment is provided and/or evaluation and management (E&M) services are provided in location(s) *with* federally certified EHRs.
  - In the *Denominator* field, enter *all* patient encounters where a medical treatment is provided, and/or E&M services are provided, in location(s) *with or without* federally certified EHRs.
- To demonstrate that at least 80 percent of all unique patients have their data in the certified EHR during the EHR reporting period, complete the following actions:
  - In the *Numerator* field, enter the number of only those unique patients who, during the reporting period, were seen by an Eligible Professional and had their data recorded in a certified EHR. If a patient is seen by an Eligible Professional more than once during the reporting period, the patient can be counted only once.

- b. In the *Denominator* field, enter *all* unique patients seen by an Eligible Professional during the reporting period. If a patient is seen by an Eligible Professional more than once during the reporting period, that patient can only be counted once.

*Note:* Unless otherwise specified for the Meaningful Use pages, clicking **Previous** will return the user to the previous page. Clicking **Reset** will restore this panel to the starting point of last saved data.

4. Click **Save & Continue**. The user will be returned to the Meaningful Use Objectives Dashboard page.

| Completed?  | Topics                                | Progress | Action  |
|---|---------------------------------------|----------|---|
|  | General Requirements                  | 2/2      | <input type="button" value="EDIT"/><br><input type="button" value="Clear All"/> |
|   | Meaningful Use Objectives (1-9)       |          | <input type="button" value="Begin"/>  |
|   | Required Public Health Objective (10) |          | <input type="button" value="Begin"/>  |

**Figure 71** General Requirements Completed

If the topic is completed, a green circle with a check mark will be displayed in the *Completed?* column. For example, in the General Requirements section both measures must be attested to before being allowed to continue.

## Meaningful Use Objectives (1–9)

This section contains the instructions for an Eligible Professional to attest to Meaningful Use Objectives (1–9).

1. Under the Meaningful Use Objectives (1–9) topic, click **Begin**. The Meaningful Use Objectives (1–9) introduction page will be displayed.

| Get Started   | RBA/Contact Info <input checked="" type="checkbox"/> | Eligibility <input checked="" type="checkbox"/> | Patient Volumes <input checked="" type="checkbox"/> | Attestation <input type="checkbox"/> | Review | Submit <input type="button" value="Submit"/> |
|---|--|---|---|--------------------------------------|--------|--|
| <p>In this section you will need to attest to Modified Stage 2 Meaningful Use Objectives 1-9. To attest to Meaningful Use Objectives 1-9, fill in numerators and denominators and respond to the questions presented or indicate if you qualify for exclusions to specific objectives. A complete EHR system will provide a report of the numerators, denominators, and other information.</p> <p>For instructions on how to complete the attestations for Meaningful Use Objectives 1-9 within the application, refer to Section 4.5.4 Meaningful Use - Meaningful Use Objectives 1-9 in the <b>Wisconsin Medicaid EHR Incentive Program User Guide for Eligible Professionals</b>.</p> <p>For additional information on each meaningful use objective please review the <b>Meaningful Use Objectives Specification Sheets</b>. The following EHR Meaningful Use Specification Sheets were designed by CMS to assist Eligible Professionals in understanding the specific requirements of each objective and to help them successfully demonstrate Meaningful Use.</p> <p>Please refer to <b>Program Year 2016 Modified Stage 2 Meaningful Use Objectives Specification Sheets</b>.</p> <p>Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.<br/>For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <a href="http://www.dhs.wisconsin.gov/ehrincentive/index.htm">http://www.dhs.wisconsin.gov/ehrincentive/index.htm</a>.</p> <p style="text-align: center;"><input type="button" value="Begin"/></p> |  |   |   |                                      |        |  |

**Figure 72** Meaningful Use Objectives (1–9) Introduction Page

The Meaningful Use Objectives (1–9) introduction page contains general instructions for completing this section. The page also contains a link to the Meaningful Use Objectives Specification Sheets on the CMS website.

## **Program Year 2016 Modified Stage 2 Meaningful Use Objective Specification Sheets Link**

The Modified Stage 2 Meaningful Use Objective Specification Sheets contain critical requirements for each objective to help Eligible Professionals successfully demonstrate Meaningful Use in Program Year 2016.

1. Click **Begin**. The Meaningful Use Objective List page will be displayed.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

---

**Meaningful Use Objective List Table**

| Objective Number | Objective   | Measure  | Entered | Select                              |
|------------------|---|--|---------|-------------------------------------|
| Objective 1      | Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities. | Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.  |         | <input type="button" value="EDIT"/> |
| Objective 2      | Use clinical decision support to improve performance on high-priority health conditions.  | Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.<br>The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire |         | <input type="button" value="EDIT"/> |
| Objective 9      | Use secure electronic messaging to communicate with patients on relevant health information.  | For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.   |         | <input type="button" value="EDIT"/> |

**Figure 73** Meaningful Use Objective List Page

2. Click **EDIT** to the right of the objective to enter information for an objective.

*Note:* In Program Year 2016, objective options will be displayed if the Eligible Professional is scheduled to attest to Stage 1 of Meaningful Use. Eligible Professionals are scheduled to attest to Stage 1 if they have successfully attested to a stage of Meaningful Use for less than two prior years of participation.

For Objective 3 only, the Objective Options Selection page will be displayed for the user to choose either the Modified Stage 2 measure or an optional Modified Stage 2 Alternate Exclusions for Measures 2 and 3. There is no option selection required for other objectives.

**Attestation Meaningful Use Objectives**

**Objective 3 - Computerized Provider Order Entry (CPOE)**

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(\*) Red asterisk indicates a required field.

\*Select from the following options:

Modified Stage 2  
**Measure 1** - More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Modified Stage 2 Alternate Exclusions for Measures 2 and 3  
**Measure 1** - More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 2** - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Alternate Exclusion 2** - Any EP who did not plan to report on this measure may select an exclusion.  
**Measure 3** - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Alternate Exclusion 3** - Any EP who did not plan to report on this measure may select an exclusion.

**Figure 74** Objective Options Selection Page

3. Select the measure option the user wishes to use to attest to the objective and click **Continue** to proceed to the Objective page.

**Figure 75** Objective Page

Although the user will be asked for different types of information for each objective, all objective pages will contain some common elements. The following information applies to all Eligible Professionals:

- *CMS Guidelines* — The top of each page will contain a link to CMS guidelines for the selected measure. These guidelines contain specific requirements for the objective. This is the same information available in the Meaningful Use Objectives Specification Sheets.
- *Objective* — The Objective line provides details for the specific objective.
- *Measure* — The Measure line details the specific requirements that must be fulfilled to meet the objective.
- *Exclusion* — This area lists any exclusions that apply to the selected objective. Some Meaningful Use objectives are not applicable to every Eligible Professional's clinical practice. In cases where the Eligible Professional does not have any eligible patients or actions for the measure denominator, the Eligible Professional is excluded from having to meet that measure.

*Note:* If an Eligible Professional chooses the Modified Stage 2 Alternate Exclusions option, the alternate exclusions will also be displayed on this page of the application.

Eligible Professionals will have three different types of responses to Meaningful Use measures:

- Yes or No
- Attest to exclusions (any measure not applicable to the Eligible Professional practice)
- Numerators and Denominators

When entering percentage-based measures, the calculation to determine the Meaningful Use numerator and denominator will vary by measure. Eligible Professionals should refer to *CMS Meaningful Use Objectives Specification Sheets for Eligible Professionals* for clear definitions of Meaningful Use numerator and denominator prior to completing the Wisconsin Medicaid EHR Incentive Program application. Meaningful Use numerators and denominators include the number of relevant patients as defined in the specification sheets, not just Medicaid patients.

*Note:* All Eligible Professionals, regardless of stage, will be asked to enter the Date (MM/DD/YYYY) and Name and Title of the person who conducted or reviewed the security risk analysis (Objective 1).

4. Enter the information requested on the page.

- Click **Save & Continue**. The Meaningful Use Objectives page will be displayed.

Get Started
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Attestation 
Review 
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

---

**Meaningful Use Objective List Table**

| Objective Number | Objective   | Measure   | Entered  | Select                              |
|------------------|---|---|--|-------------------------------------|
| Objective 1      | Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities. | Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process. | Measure = Yes<br>Date = 01/01/2015<br>Name and Title = Bob King    | <input type="button" value="EDIT"/> |
| Objective 2      | Use clinical decision support to improve performance on high-priority health conditions.  | Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.   | Measure 1 = Yes<br><br>Measure 2 Exclusion = No<br>Measure 2 = Yes | <input type="button" value="EDIT"/> |

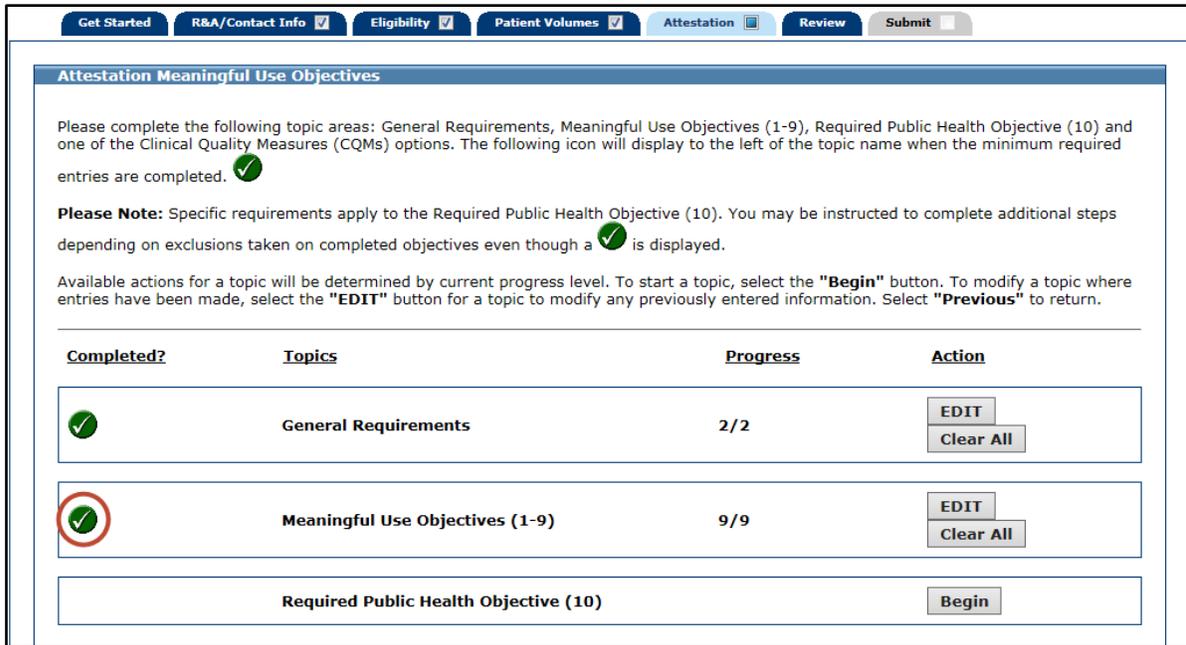
**Figure 76** Meaningful Use Objectives List Page with Entered Information

The information entered for each measure will be displayed in the *Entered* column.

- Continue entering information for all the Meaningful Use Objectives (1–9). All requirements must be fulfilled for all objectives before the application can be completed.

- Click **Return to Main** after entering information that fulfills all of the Meaningful Use Objectives (1–9).

The Meaningful Use Objectives Dashboard page will be displayed with a check in the Meaningful Use Objectives (1–9) section.



**Figure 77** Meaningful Use Objectives (1–9) Completed

## Public Health Reporting Objective

1. Under the Required Public Health Objective (10) topic, click **Begin**. The Required Public Health Objective introduction page will be displayed.

In this section you will need to attest to the Public Health Reporting Objective, which has 3 measures.

For instructions on how to complete the attestations for the Public Health Reporting Objective within the application, refer to Section 4.5.4 Meaningful Use - Required Public Health Objective in the **Wisconsin Medicaid EHR Incentive Program User Guide for Eligible Professionals**.

For guidance from the Wisconsin Division of Public Health, review the **DPH Registries for Modified Stage 2 Public Health Measures Tip Sheet for Eligible Professionals in Program Year 2016**.

For additional information on each public health measure please review the **Meaningful Use Public Health Reporting Specification Sheet**. The following EHR Meaningful Use Specification Sheet was designed by CMS to assist Eligible Professionals in understanding the specific requirements of each objective and to help them successfully demonstrate Meaningful Use.

Please refer to **Program Year 2016 Modified Stage 2 Public Health Reporting Specification Sheet**.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

**Begin**

**Figure 78** Required Public Health Objective Introduction Page

The Required Public Health Objective introduction page contains instructions on how to complete the Required Public Health portion of the application. This page also contains links to the DHS Public Health Meaningful Use [Reporting Guidance](#) page, which includes a Tip Sheet for selecting applicable DPH Registries, and the Modified Stage 2 Public Health Reporting Specification Sheet on the CMS website, which has critical information on each of the measures.

2. Click **Begin**. The Required Public Health Objective List page will be displayed.

Get Started
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Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

**Public Health Reporting Objective Requirements**

You are required to do **one** of the following:

- Demonstrate active engagement with a public health agency for at least 2 of the 3 measure options.
- Demonstrate active engagement with a public health agency for less than 2 measure options and claim an applicable exclusion or alternate exclusion for all remaining measure options. (Alternate exclusions are available for Option 2 and Option 3A)
- Claim an applicable exclusion or alternate exclusion for all 3 measure options. (Alternate exclusions are available for Option 2 and Option 3A)

**Specialized Registry Note:** If you are in active engagement with two specialized registries you may count the specialized registry reporting measure twice to meet the required number of measures for the Public Health Reporting Objective.

- To attest to the specialized registry reporting measure twice, complete both Options 3A and 3B below.
- To attest to the specialized registry reporting measure once, complete Option 3A and do not select Option 3B.
- To claim an exclusion from the specialized registry reporting measure, select Option 3A and claim the applicable exclusion. The exclusion will be considered applicable for both Options 3A and 3B; you will not be able to select Option 3B if Option 3A is excluded or left blank.

**Instructions**

Select the measure options you wish to attest to and click the **"Save & Continue"** button to continue through the application.

- To demonstrate active engagement for 2 of 3 measures, only select the checkboxes for the 2 measure options you intend to meet from the list below and leave the rest unchecked.
- To demonstrate active engagement for less than 2 measure options, select the checkboxes for Options 1, 2, and 3A from the list below.
- To claim applicable exclusions or alternate exclusions for all 3 measure options, select the checkboxes for Options 1, 2, and 3A from the list below.

When all measure options have been edited and you are satisfied with the entries, click the **"Return to Main"** button to access the main attestation topic list.

**Required Public Health Objective List Table**

| Objective Number          | Objective   | Measure  | Select                              |
|---------------------------|---|--|-------------------------------------|
| Objective 10<br>Option 1  | The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice. | Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.            | <input checked="" type="checkbox"/> |
| Objective 10<br>Option 2  | The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.                            | Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data. | <input checked="" type="checkbox"/> |
| Objective 10<br>Option 3A | The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.                                       | Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.                            | <input type="checkbox"/>            |
| Objective 10<br>Option 3B | The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.                                       | Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.                            | <input type="checkbox"/>            |

Return to Main
Reset
Save & Continue

**Figure 79** Required Public Health Objective List Page

The Required Public Health Objective page contains a list of three measures.

In Program Year 2016, all Eligible Professionals, regardless of their scheduled stage of Meaningful Use, must do one of the following:

- Meet two of three measures.

- Meet less than two measures and satisfy the exclusion or alternate exclusion criteria for all other measures.
- Satisfy the exclusion or alternate exclusion criteria for all three measures.

*Note:* Alternate exclusions are available for measures 2 and 3 only.

If the Eligible Professionals are in active engagement with two specialized registries, he or she may count the specialized registry reporting measure twice to meet the required number of measures for the Public Health Reporting Objective.

To claim an exclusion from the specialized registry reporting measure, check the **Option 3A** box and claim the applicable exclusion. The exclusion will be considered applicable for both Options 3A and 3B; the Eligible Professional will not be able to select Option 3B if Option 3A is excluded or left blank.

3. Select the measure options to which the Eligible Professional wishes to attest:
  - To demonstrate active engagement for two of the three measures, only select the checkboxes for the two measure options the Eligible Professional intends to meet from the list and leave the remaining unchecked.
  - To demonstrate active engagement for less than two measure options, select the checkboxes for **Option 1**, **Option 2**, and **Option 3A** from the list.
  - To claim applicable exclusions or alternate exclusions for all the measure options, select the checkboxes for **Option 1**, **Option 2**, and **Option 3A** from the list.

*Note:* Unchecking a public health measure option will result in the loss of any data entered for that measure.

- Click **Save & Continue**. The measures options selected will be displayed on the Required Public Health Objective page.

Get Started
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Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

To edit information, select the **"EDIT"** button next to the public health objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health objectives have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

**Required Public Health Objective List Table**

| Objective Number      | Objective   | Measure  | Entered | Select                              |
|-----------------------|---|--|---------|-------------------------------------|
| Objective 10 Option 1 | The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice. | Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.            |         | <input type="button" value="EDIT"/> |
| Objective 10 Option 2 | The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.                            | Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data. |         | <input type="button" value="EDIT"/> |

**Figure 80** Required Public Health Objective List Page with Two Selected Measures

- Click **EDIT** for the Public Health measure option to which the Eligible Professional wishes to attest. The selected page will be displayed for the Eligible Professional’s attestation.

**Attestation Meaningful Use Objectives**

**Objective 10 Option 1 - Immunization Registry Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

**Objective:** The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

**Measure:** Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

**\*Does this option apply to you?**  
 Yes  No

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
 Yes  No

**Previous** **Reset** **Save & Continue**

**Figure 81** Selected Public Health Objective Page

The individual Public Health Measure Option pages contain the same elements as the Meaningful Use Objectives 1–9 pages, including the link to CMS guidelines, specifics of the objective, details of the measure, and any exclusions that apply to the measure.

- Enter the required information indicated on the page.

- Click **Save & Continue**. The selected Required Public Health Objective page will be displayed.

The screenshot shows a web application interface for 'Attestation Meaningful Use Objectives'. At the top, there is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit'. Below the navigation bar, there is a header 'Attestation Meaningful Use Objectives' and two paragraphs of instructional text. The main content area is titled 'Required Public Health Objective List Table' and contains a table with five columns: 'Objective Number', 'Objective', 'Measure', 'Entered', and 'Select'. The table has two rows. The first row is for 'Objective 10 Option 1' and the second for 'Objective 10 Option 2'. In the 'Entered' column of the first row, the text 'Measure Option 1 = Yes Active Engagement Option = Completed registration to submit data' is highlighted with a red rounded rectangle. A red arrow points from the text 'Entered Information' below the second row to the highlighted text in the first row. Below the table is a 'Return to Selection List' button.

| Objective Number      | Objective   | Measure  | Entered   | Select |
|-----------------------|---|--|---|--------|
| Objective 10 Option 1 | The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice. | Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.            | Measure Option 1 = Yes<br>Active Engagement Option =<br>Completed registration to submit data | EDIT   |
| Objective 10 Option 2 | The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.                            | Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data. | Entered Information   | EDIT   |

[Return to Selection List](#)

**Figure 82** Selected Required Public Health Objective List Page with Entered Information

The information entered for the Eligible Professional’s completed measures will be displayed in the Entered column. The Eligible Professional may continue to edit the measures at any point prior to submitting the application.

- After entering information that fulfills all of the selected measures for the Required Public Health Objective, click **Return to Selection List**. The selection list will be displayed.

- Click **Return to Main**. The Meaningful Use Objectives Dashboard page will be displayed with a check in the Required Public Health Objective (10) section.

Get Started
R&A/Contact Info 
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Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

| Completed? | Topics                                | Progress | Action  |
|------------|---------------------------------------|----------|---|
|            | General Requirements                  | 2/2      | <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div><br><div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div> |
|            | Meaningful Use Objectives (1-9)       | 9/9      | <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div><br><div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div> |
|            | Required Public Health Objective (10) | 2/2      | <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div><br><div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div> |

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

Clinical Quality Measure - General

EDIT

**Figure 83** Meaningful Use Objectives Dashboard Showing Public Health Objective (10) Completed

## Clinical Quality Measures

The Clinical Quality Measures (CQMs) are the same for all Eligible Professionals, regardless of scheduled stage.

[Clear All](#)

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

|   |                       |
|---|-----------------------|
| <b>Clinical Quality Measure - General</b>       | <a href="#">Begin</a> |
| <b>Clinical Quality Measure - Adult Set</b>     | <a href="#">Begin</a> |
| <b>Clinical Quality Measure - Pediatric Set</b> | <a href="#">Begin</a> |

**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

[Previous](#)    [Save & Continue](#)

**Figure 84** Clinical Quality Measures

Eligible Professionals can only select one set of CQMs to complete. Once the user clicks one of the Begin buttons to start one set of measures, the Begin buttons on the other two sets will no longer be displayed. If the user starts a set of CQMs and decides he or she would rather switch to a different set, click the **Clear All** button on the selected set and the Begin buttons for all three sets will be enabled once again allowing the user to select a different set. Previously entered information will be cleared once the Clear All button is selected.

### Clinical Quality Measures — General

1. Click **Begin** for the Clinical Quality Measures — General topic. The General Clinical Quality Measures introduction page will be displayed.

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Tuesday 04/01/2014 4:08:41 PM CDT

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|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 4         | <b>Program Year</b>  | 2014      |

[Get Started](#)   [R&A/Contact Info](#)    [Eligibility](#)    [Patient Volumes](#)    [Attestation](#)    [Review](#)   [Submit](#)

You have chosen the Clinical Quality Measure - General set. Select a minimum of nine (9) Clinical Quality Measures from at least three (3) different domains.

[Begin](#)

**Figure 85** Clinical Quality Measures — General Introduction Page

2. Click **Begin**. The General Clinical Quality Measures Worklist Table will be displayed.

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

**Attestation Meaningful Use Measures**

**Meaningful Use Clinical Quality Measure Worklist Table**

You have chosen the general Clinical Quality Measure (CQM) set. Select a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM. If you wish to select the adult recommended CQMs or the pediatric recommended CQMs select the **"Return to Main"** button and then choose the recommended CQM option you wish to answer. Please note, as a minimum you must select nine (9) CQMs from three (3) different domains before proceeding to the next screen.

If you do not want to complete these nine measures then select the **"Return to Main"** button below and use the **"Clear All"** button on the previously selected Clinical Quality Measure General set line to enable the **"Begin"** button on a different CQM set. The previously entered information will be cleared once the **"Clear All"** button is selected.

*Please Note: Clinical quality measures are sorted by Domain category and then by Measure Number.*

**Clinical Quality Measure list Table**

| Measure# | Title   | Domain                                | Selection                |
|----------|---|---------------------------------------|--------------------------|
| CMS50v2  | Closing the referral loop: receipt of specialist report   | Care Coordination                     | <input type="checkbox"/> |
| CMS52v2  | HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis   | Clinical Process/Effectiveness        | <input type="checkbox"/> |
| CMS61v3  | Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed         | Clinical Process/Effectiveness        | <input type="checkbox"/> |
| CMS62v2  | HIV/AIDS: Medical Visit   | Clinical Process/Effectiveness        | <input type="checkbox"/> |
| CMS64v3  | Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)        | Clinical Process/Effectiveness        | <input type="checkbox"/> |
| CMS65v3  | Hypertension: Improvement in blood pressure   | Clinical Process/Effectiveness        | <input type="checkbox"/> |
| CMS74v3  | Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists             | Clinical Process/Effectiveness        | <input type="checkbox"/> |
| CMS75v2  | Children who have dental decay or cavities  | Clinical Process/Effectiveness        | <input type="checkbox"/> |
| CMS154v2 | Appropriate Treatment for Children with Upper Respiratory Infection (URI)                                   | Efficient Use of Healthcare Resources | <input type="checkbox"/> |
| CMS166v3 | Use of Imaging Studies for Low Back Pain  | Efficient Use of Healthcare Resources | <input type="checkbox"/> |
| CMS56v2  | Functional status assessment for hip replacement  | Patient and Family Engagement         | <input type="checkbox"/> |
| CMS66v2  | Functional status assessment for knee replacement   | Patient and Family Engagement         | <input type="checkbox"/> |
| CMS90v2  | Functional status assessment for complex chronic conditions   | Patient and Family Engagement         | <input type="checkbox"/> |
| CMS157v2 | Oncology: Medical and Radiation - Pain Intensity Quantified   | Patient and Family Engagement         | <input type="checkbox"/> |
| CMS68v3  | Documentation of Current Medications in the Medical Record  | Patient Safety                        | <input type="checkbox"/> |
| CMS132v2 | Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures | Patient Safety                        | <input type="checkbox"/> |

**Figure 86** General Clinical Quality Measures Worklist Table

3. Select a minimum of nine CQMs from at least three different domains.

- Click **Save and Continue** at the bottom of the page. The Meaningful Use Clinical Quality Measures List Table will be displayed showing the selected General Clinical Quality Measures.

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

| Measure# | Title   | Domain                         | Entered | Select                              |
|----------|---|--------------------------------|---------|-------------------------------------|
| CMS50v2  | Closing the referral loop: receipt of specialist report   | Care Coordination              |         | <input type="button" value="EDIT"/> |
| CMS52v2  | HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis   | Clinical Process/Effectiveness |         | <input type="button" value="EDIT"/> |
| CMS61v3  | Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed | Clinical Process/Effectiveness |         | <input type="button" value="EDIT"/> |
| CMS62v2  | HIV/AIDS: Medical Visit   | Clinical Process/Effectiveness |         | <input type="button" value="EDIT"/> |
| CMS56V2  | Functional status assessment for hip replacement  | Patient and Family Engagement  |         | <input type="button" value="EDIT"/> |
| CMS66v2  | Functional status assessment for knee replacement   | Patient and Family Engagement  |         | <input type="button" value="EDIT"/> |
| CMS90v2  | Functional status assessment for complex chronic conditions   | Patient and Family Engagement  |         | <input type="button" value="EDIT"/> |
| CMS157v2 | Oncology: Medical and Radiation - Pain Intensity Quantified   | Patient and Family Engagement  |         | <input type="button" value="EDIT"/> |
| CMS68v3  | Documentation of Current Medications in the Medical Record  | Patient Safety                 |         | <input type="button" value="EDIT"/> |

**Figure 87** Selected General Clinical Quality Measures

*Note:* If the user does not select the minimum number of measures from three different domains, the worklist table page will refresh and an error message will be displayed near the bottom of the page.

• **You must select a minimum of 9 Clinical Quality Measures from at least 3 different Domains to proceed.**

**Figure 88** Minimum Measure Error Message

- Click **EDIT** next to the measure to which the Eligible Professional wishes to attest. The Clinical Quality Measure page for the selected measure will be displayed.

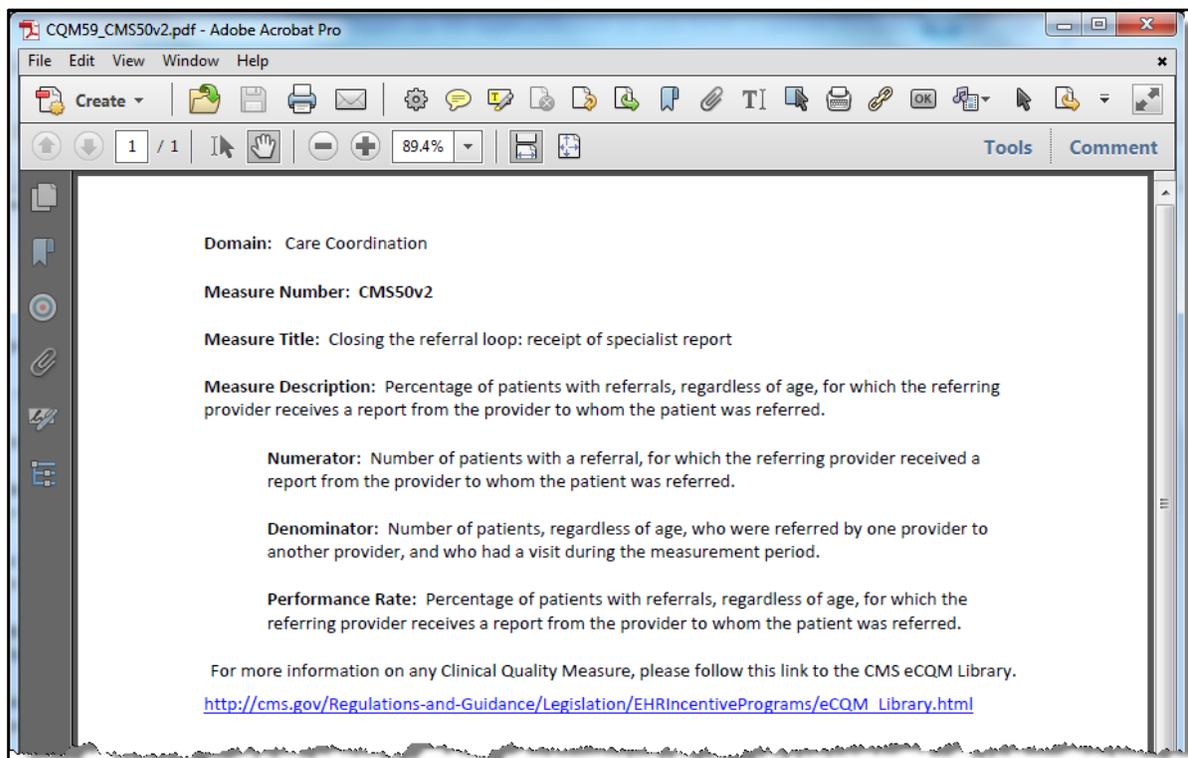
**Figure 89** Clinical Quality Measure

- Enter the required information indicated on the page. The numerator and denominator entries must be positive whole numbers.

For help with any of the CQMs, click the link at the top of the page for additional information.

**Figure 90** Clinical Quality Measures Additional Information

Depending on the browser, the user will be prompted to either view or save the document. After making a selection, a PDF will be displayed containing additional information to help the user complete the measure, including information necessary for the numerator and denominator fields.



**Figure 91** CMS Guidelines for Quality Measure File

- After entering the required information on the Clinical Quality Measure page, click **Save & Continue**. The selected Clinical Quality Measure will be displayed.

The information entered for the Eligible Professional’s completed measures will be displayed in the Entered column. He or she can continue to edit the measures at any point prior to submitting the application.

**Meaningful Use Clinical Quality Measures**

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

---

**Meaningful Use Clinical Quality Measure List Table**

| Measure# | Title   | Domain                         | Entered  | Select                              |
|----------|---|--------------------------------|--|-------------------------------------|
| CMS50v2  | Closing the referral loop: receipt of specialist report   | Care Coordination              | Numerator = 90<br>Denominator = 100<br>Performance Rate (%) = 90.0 | <input type="button" value="EDIT"/> |
| CMS52v2  | HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis   | Clinical Process/Effectiveness | ↑  | <input type="button" value="EDIT"/> |
| CMS61v3  | Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed | Clinical Process/Effectiveness | <b>Entered Information</b>   | <input type="button" value="EDIT"/> |
| CMS62v2  | HIV/AIDS: Medical Visit   | Clinical Process/Effectiveness |  | <input type="button" value="EDIT"/> |
| CMS56V2  | Functional status assessment for hip replacement  | Patient and Family Engagement  |  | <input type="button" value="EDIT"/> |
| CMS66v2  | Functional status assessment for knee replacement   | Patient and Family Engagement  |  | <input type="button" value="EDIT"/> |
| CMS90v2  | Functional status assessment for complex chronic conditions   | Patient and Family Engagement  |  | <input type="button" value="EDIT"/> |
| CMS157v2 | Oncology: Medical and Radiation - Pain Intensity Quantified   | Patient and Family Engagement  |  | <input type="button" value="EDIT"/> |
| CMS68v3  | Documentation of Current Medications in the Medical Record  | Patient Safety                 |  | <input type="button" value="EDIT"/> |

**Figure 92** Selected Measures with Entered Information

- When the user is finished making his or her entries, click **Return**. The Clinical Quality Measures Worklist Table will be displayed.

9. Click **Return to Main**. The Meaningful Use Objectives Dashboard page will be displayed.

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

|   |   |            |   |
|---|---|------------|---|
|  | <b>Clinical Quality Measure - General</b>       | <b>9/9</b> | <input type="button" value="EDIT"/><br><input type="button" value="Clear All"/> |
|   | <b>Clinical Quality Measure - Adult Set</b>     |            |   |
|   | <b>Clinical Quality Measure - Pediatric Set</b> |            |   |

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

**Figure 93** Meaningful Use Objectives Dashboard showing General Clinical Quality Measures Completed

If the topic is completed, a green circle with a check mark will be displayed to the left of the selected CQM.

Once a topic is started, the Progress column will display the number of completed items with the total number of items selected for attestation in the topic.

Once the measures are selected to attest, an EDIT button will be displayed, allowing the user to return to the task to make further entries or changes.

Clicking the Clear All button will erase all information entered for the measure and enable the Begin button for all measures to allow the user to switch to a different set of measures if desired.

Once the Eligible Professional has attested to all the Meaningful Use Measures, he or she will be able to [proceed with completing the attestation](#).

## Clinical Quality Measures — Adult Set

1. Click **Begin** for the Clinical Quality Measures — Adult set topic. The Adult Clinical Quality Measures introduction page will be displayed.

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Tuesday 04/01/2014 4:08:41 PM CDT

Name: Jean Doe      Applicant NPI: 111111111  
 Personal TIN/SSN: 123456789      Payee TIN: 123456789  
 Payment Year: 4      Program Year: 2014

Get Started   R&A/Contact Info    Eligibility    Patient Volumes    Attestation    Review   Submit

You have chosen the Clinical Quality Measure - Adult set. The Adult Clinical Quality Measures (CQMs) are preselected and noted in the Domain column that states, "This measure has been preselected as part of the Adult set list". You are not able to deselect any of the preselected measures. You may choose additional CQMs but at a minimum you must answer the nine (9) preselected Adult recommended CQMs.

**Begin**

**Figure 94** Clinical Quality Measures — Adult Set Introduction Page

2. Click **Begin**. The Adult Clinical Quality Measures Worklist Table will be displayed.

Get Started   R&A/Contact Info    Eligibility    Patient Volumes    Attestation    Review   Submit

**Attestation Meaningful Use Measures**

**Meaningful Use Clinical Quality Measure Worklist Table**

You have chosen the adult recommended Clinical Quality Measure (CQM) set. The adult CQMs are preselected and noted in the **Domain** column that states "This measure has been preselected as part of the Adult set list". You may choose additional CQMs but as a minimum you must answer the nine (9) adult recommended CQMs preselected below. You are not able to deselect any of the preselected measures.

If you do not want to complete these nine measures then select the "Return to Main" button below and use the "Clear All" button on the previously selected Clinical Quality Measure Adult set line to enable the "Begin" button on a different CQM set. The previously entered information will be cleared once the "Clear All" button is selected.

*Please Note: Clinical quality measures are sorted by Domain category and then by Measure Number.*

| Measure# | Title  | Domain  | Selection                |
|----------|--|---|--------------------------|
| CMS50v2  | Closing the referral loop: receipt of specialist report  | This measure has been preselected as part of the Adult set list | <input type="checkbox"/> |
| CMS52v2  | HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis  | Clinical Process/Effectiveness                                  | <input type="checkbox"/> |
| CMS61v3  | Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed  | Clinical Process/Effectiveness                                  | <input type="checkbox"/> |
| CMS62v2  | HIV/AIDS: Medical Visit  | Clinical Process/Effectiveness                                  | <input type="checkbox"/> |
| CMS64v3  | Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C) | Clinical Process/Effectiveness                                  | <input type="checkbox"/> |
| CMS65v3  | Hypertension: Improvement in blood pressure  | Clinical Process/Effectiveness                                  | <input type="checkbox"/> |
| CMS74v3  | Primary Caries Prevention Intervention as Offered by Primary Care Providers including Dentists       | Clinical Process/Effectiveness                                  | <input type="checkbox"/> |

**Figure 95** Adult Clinical Quality Measures Worklist Table

The adult CQMs are preselected and noted in the Domain column, which states "This measure has been preselected as part of the Adult set list." The user may choose additional CQMs but must answer the nine recommended CQMs.

3. Select any additional CQMs to attest to beyond the preselected CQMs.
4. Click **Save and Continue** at the bottom of the page. The Meaningful Use Clinical Quality Measures List Table will be displayed showing the selected adult CQMs.

**Meaningful Use Clinical Quality Measures**

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

---

**Meaningful Use Clinical Quality Measure List Table**

| Measure# | Title   | Domain                                | Entered | Select                              |
|----------|---|---------------------------------------|---------|-------------------------------------|
| CMS50v2  | Closing the referral loop: receipt of specialist report                             | Care Coordination                     |         | <input type="button" value="EDIT"/> |
| CMS165v2 | Controlling High Blood Pressure   | Clinical Process/Effectiveness        |         | <input type="button" value="EDIT"/> |
| CMS166v3 | Use of Imaging Studies for Low Back Pain  | Efficient Use of Healthcare Resources |         | <input type="button" value="EDIT"/> |
| CMS90v2  | Functional status assessment for complex chronic conditions                         | Patient and Family Engagement         |         | <input type="button" value="EDIT"/> |
| CMS68v3  | Documentation of Current Medications in the Medical Record                          | Patient Safety                        |         | <input type="button" value="EDIT"/> |
| CMS156v2 | Use of High-Risk Medications in the Elderly   | Patient Safety                        |         | <input type="button" value="EDIT"/> |
| CMS2v3   | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | Population/Public Health              |         | <input type="button" value="EDIT"/> |
| CMS69v2  | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up        | Population/Public Health              |         | <input type="button" value="EDIT"/> |
| CMS138v2 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention    | Population/Public Health              |         | <input type="button" value="EDIT"/> |

**Figure 96** Adult Clinical Quality Measures List Table

The information entered for the completed measures will be displayed in the Entered column. The user can continue to edit the measures at any point prior to submitting the application.

5. When the user is finished making his or her entries, click **Return**. The user will be returned to the Clinical Quality Measures Worklist Table.

6. Click **Return to Main**. The Meaningful Use Objectives Dashboard page will be displayed.

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

| Clinical Quality Measure - General       |                                      |   |
|--|--------------------------------------|---|
| <input checked="" type="checkbox"/>      | Clinical Quality Measure - Adult Set | 9/9   |
|  |                                      | <input type="button" value="EDIT"/><br><input type="button" value="Clear All"/> |
| Clinical Quality Measure - Pediatric Set |                                      |   |

**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

**Figure 97** Meaningful Use Measures Dashboard showing Adult Clinical Quality Measures Completed

If the topic is completed, a green circle with a check mark will be displayed to the left of the selected CQM.

Once a topic is started, the Progress column will display the number of completed items with the total number contained in the topic.

If at least one item has been completed, an EDIT button will be displayed, allowing the user to return to the task to make further entries or changes.

Clicking the Clear All button will erase all information entered for the measure and enable the Begin button for all measures to allow the user to switch to a different set of measures if desired.

Once the user has attested to all the Meaningful Use Measures, he or she will be able to [proceed with completing the attestation](#).

## Clinical Quality Measures — Pediatric Set

1. Click **Begin** for the Clinical Quality Measures — Pediatric set topic. The Pediatric Clinical Quality Measures introduction page will be displayed.

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Tuesday 04/01/2014 4:08:41 PM CDT

**Name** Jean Doe **Applicant NPI** 1111111111

**Personal TIN/SSN** 123456789 **Payee TIN** 123456789

**Payment Year** 4 **Program Year** 2014

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

You have chosen the Clinical Quality Measure - Pediatric set. The Pediatric Clinical Quality Measures (CQMs) are preselected and noted in the Domain column that states, "This measure has been preselected as part of the Pediatric set list". You are not able to deselect any of the preselected measures. You may choose additional CQMs but at a minimum you must answer the nine (9) preselected Pediatric recommended CQMs.

[Begin](#)

**Figure 98** Clinical Quality Measures — Pediatric Set Introduction Page

2. Click **Begin**. The Pediatric Clinical Quality Measures Worklist Table will be displayed.

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

**Attestation Meaningful Use Measures**

**Meaningful Use Clinical Quality Measure Worklist Table**

You have chosen the pediatric recommended Clinical Quality Measure (CQM) set. The pediatric CQMs are preselected and noted in the **Domain** column that states "This measure has been preselected as part of the Pediatric set list". You may choose additional CQMs but as a minimum you must answer the nine (9) pediatric recommended CQMs preselected below. You are not able to deselect any of the preselected measures.

If you do not want to complete these nine measures then select the **"Return to Main"** button below and use the **"Clear All"** button on the previously selected Clinical Quality Measure Pediatric set line to enable the **"Begin"** button on a different CQM set. The previously entered information will be cleared once the **"Clear All"** button is selected.

*Please Note: Clinical quality measures are sorted by Domain category and then by Measure Number.*

**Clinical Quality Measure list Table**

| Measure# | Title  | Domain  | Selection                |
|----------|--|---|--------------------------|
| CMS50v2  | Closing the referral loop: receipt of specialist report  | Care Coordination   | <input type="checkbox"/> |
| CMS52v2  | HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis  | Clinical Process/Effectiveness                                      | <input type="checkbox"/> |
| CMS61v3  | Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed  | Clinical Process/Effectiveness                                      | <input type="checkbox"/> |
| CMS62v2  | HIV/AIDS: Medical Visit  | Clinical Process/Effectiveness                                      | <input type="checkbox"/> |
| CMS64v3  | Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C) | Clinical Process/Effectiveness                                      | <input type="checkbox"/> |
| CMS65v3  | Hypertension: Improvement in blood pressure  | Clinical Process/Effectiveness                                      | <input type="checkbox"/> |
| CMS74v3  | Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists      | Clinical Process/Effectiveness                                      | <input type="checkbox"/> |
| CMS75v2  | Children who have dental decay or cavities   | This measure has been preselected as part of the Pediatric set list |                          |

**Figure 99** Pediatric Clinical Quality Measures Worklist Table

The Pediatric CQMs are preselected and noted in the Domain column, which states "This measure has been preselected as part of the Pediatric set list." The user may choose additional CQMs but must answer the nine recommended CQMs.

3. Select any additional CQMs to attest to beyond the preselected CQMs.
4. Click **Save and Continue** at the bottom of the page. The Meaningful Use Clinical Quality Measures List Table will be displayed showing the selected pediatric CQMs.

**Meaningful Use Clinical Quality Measures**

To edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

---

**Meaningful Use Clinical Quality Measure List Table**

| Measure# | Title   | Domain                                | Entered | Select                              |
|----------|---|---------------------------------------|---------|-------------------------------------|
| CMS75v2  | Children who have dental decay or cavities  | Clinical Process/Effectiveness        |         | <input type="button" value="EDIT"/> |
| CMS126v2 | Use of Appropriate Medications for Asthma   | Clinical Process/Effectiveness        |         | <input type="button" value="EDIT"/> |
| CMS136v3 | ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | Clinical Process/Effectiveness        |         | <input type="button" value="EDIT"/> |
| CMS146v2 | Appropriate Testing for Children with Pharyngitis   | Efficient Use of Healthcare Resources |         | <input type="button" value="EDIT"/> |
| CMS154v2 | Appropriate Treatment for Children with Upper Respiratory Infection (URI)                               | Efficient Use of Healthcare Resources |         | <input type="button" value="EDIT"/> |
| CMS2v3   | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan                     | Population/Public Health              |         | <input type="button" value="EDIT"/> |
| CMS117v2 | Childhood Immunization Status   | Population/Public Health              |         | <input type="button" value="EDIT"/> |
| CMS153v2 | Chlamydia Screening for Women   | Population/Public Health              |         | <input type="button" value="EDIT"/> |
| CMS155v2 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents       | Population/Public Health              |         | <input type="button" value="EDIT"/> |

**Figure 100** Pediatric Clinical Quality Measures List Table

The information entered for the Eligible Professional’s completed measures will be displayed in the Entered column. The Eligible Professional can continue to edit the measures at any point prior to submitting the application.

5. When the user is finished making entries, click **Return**. He or she will be returned to the Clinical Quality Measures Worklist Table.

- Click **Return to Main**. The Meaningful Use Objectives Dashboard page will be displayed.

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

|   |  |   |
|---|--|---|
| Clinical Quality Measure - General  |  |   |
| Clinical Quality Measure - Adult Set  |  |   |
|  | Clinical Quality Measure - Pediatric Set | 9/9   |
|   |  | <input type="button" value="EDIT"/><br><input type="button" value="Clear All"/> |

**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

**Figure 101** Meaningful Use Objectives Dashboard showing Pediatric Clinical Quality Measures Completed

If the topic is completed, a green circle with a check mark will be displayed to the left of the selected CQM.

Once a topic is started, the Progress column will display the number of completed items with the total number contained in the topic.

Once the measures are selected to attest, an EDIT button will be displayed, allowing the user to return to the task to make further entries or changes.

Clicking **Clear All** will erase all information entered for the measure and enable the Begin button for all measures to allow the user to switch to a different set of measures if desired.

Once the Eligible Professional has attested to all the CQMs, he or she will be able to proceed to submitting the application.

## Summary of Completed Objectives

1. Click **Save & Continue**. The Meaningful Use Objectives Dashboard page will be displayed.

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

| Completed? | Topics                                | Progress | Action  |
|------------|---------------------------------------|----------|---|
|            | General Requirements                  | 2/2      | <div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div><br><div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div> |
|            | Meaningful Use Objectives (1-9)       | 9/9      | <div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div><br><div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div> |
|            | Required Public Health Objective (10) | 2/2      | <div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div><br><div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div> |

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

|  |  |     |   |
|--|--|-----|---|
|  | Clinical Quality Measure - General       |     |   |
|  | Clinical Quality Measure - Adult Set     |     |   |
|  | Clinical Quality Measure - Pediatric Set | 9/9 | <div style="border: 1px solid gray; padding: 2px; display: inline-block;">EDIT</div><br><div style="border: 1px solid gray; padding: 2px; display: inline-block;">Clear All</div> |

**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous

Save & Continue

**Figure 102** Meaningful Use Objectives Dashboard showing All Attestation Meaningful Use Measures Completed

2. Click **Save & Continue**. The Meaningful Use Objectives Summary page will be displayed.



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 Tuesday 04/12/2016 5:52:53 PM CDT

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2015      |

Get Started
RBA/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Measures**

*The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.*

**Meaningful Use General Requirements Review**

| Question   | Entered   |
|--|---|
| Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. | Numerator = 1<br>Denominator = 1<br>Percentage = 100% |
| Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.    | Numerator = 1<br>Denominator = 1<br>Percentage = 100% |

**Meaningful Use Objective Review**

| Objective Number | Objective   | Entered   |
|------------------|---|---|
| Objective 1      | Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities. | Measure = Yes<br>Date = 01/01/2015<br>Name and Title = Bob King |
|                  | Implement one clinical decision support rule relevant to  | Measure 1 = Yes   |

|           |                          |   |   |
|-----------|--------------------------|---|---|
| CMS155 v3 | Population/Public Health | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | Performance Rate 4 (%) = 0.0<br>Exclusion 4 = 0<br><br>Numerator 5 = 0<br>Denominator 5 = 0<br>Performance Rate 5 (%) = 0.0<br>Exclusion 5 = 0<br><br>Numerator 6 = 0<br>Denominator 6 = 0<br>Performance Rate 6 (%) = 0.0<br>Exclusion 6 = 0<br><br>Stratum 3<br>Numerator 7 = 0<br>Denominator 7 = 0<br>Performance Rate 7 (%) = 0.0<br>Exclusion 7 = 0<br><br>Numerator 8 = 0<br>Denominator 8 = 0<br>Performance Rate 8 (%) = 0.0<br>Exclusion 8 = 0<br><br>Numerator 9 = 0<br>Denominator 9 = 0<br>Performance Rate 9 (%) = 0.0<br>Exclusion 9 = 0 |
|-----------|--------------------------|---|---|

Previous Save & Continue

**Figure 103** Meaningful Use Objectives Summary Page

This page displays a summary of all the Meaningful Use Measures to which the Eligible Professional attested.

- Review the information to ensure that it is accurate.
- Click **Save & Continue**. The Attestation Phase (Part 3 of 3) page will be displayed.

### 4.5.5 Final Attestation

|                         |           |                      |            |
|-------------------------|-----------|----------------------|------------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 1111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789  |
| <b>Payment Year</b>     | 4         | <b>Program Year</b>  | 2016       |

**Attestation Phase (Part 3 of 3)**

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**(\*) Red asterisk indicates a required field.**

---

\* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.
 
 Yes
  No
 ?

**NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.**

---

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact Wisconsin Medicaid.

| *Payment Address<br>(Must Select One) | Provider ID             | Location Name | Address                               | Additional Information |
|---------------------------------------|-------------------------|---------------|---------------------------------------|------------------------|
| <input type="radio"/>                 | 1111111111<br>123456789 | Office A      | 123 Eagle Ave,<br>Mukwonago, WI 53149 |                        |
| <input type="radio"/>                 | 1111111111<br>987654321 | Office B      | 124 Eagle Ave,<br>Mukwonago, WI 53149 |                        |

**Figure 104** Attestation Phase (Part 3 of 3) Page

The Attestation Phase (Part 3 of 3) page contains information about the assignment of the incentive payment. Review it carefully.

- Select **Yes** or **No** regarding the assignment of the incentive payment.

*Note:* The user must select **Yes** to this question; otherwise, the user will receive a message to correct the error when he or she submits the application.

2. Select a payment address to be used for the incentive payment from the list provided. A payment address must be selected to proceed.
3. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Attestation tab to acknowledge that the “Attestation” section was successfully completed.

The screenshot displays the ForwardHealth application interface. At the top left is the logo for ForwardHealth, with the tagline "Wisconsin serving you". To the right of the logo are links for "Print", "Contact Us", and "Exit". Below these links is the date and time: "Friday 04/04/2014 4:17:52 PM CDT".

The main content area shows a summary of the applicant's information:

|                         |           |                      |            |
|-------------------------|-----------|----------------------|------------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 1111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789  |
| <b>Payment Year</b>     | 4         | <b>Program Year</b>  | 2014       |

Below the summary is a navigation bar with several tabs: "Get Started", "R&A/Contact Info" (with a checkmark), "Eligibility" (with a checkmark), "Patient Volumes" (with a checkmark), "Attestation" (with a checkmark and highlighted in blue), "Review", and "Submit" (with a document icon).

The central part of the page features a large green circular icon with a white checkmark. To its right, the following text is displayed:

You have now completed the **Attestation** section of the application.  
You may revisit this section any time to make corrections until such time as you actually **Submit** the application.  
The **Submit** section of the application is now available.  
Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.

At the bottom center of this section is a "Continue" button.

**Figure 105** Attestation Completed Page

4. Click **Continue**.

## 4.6 Review Application

After clicking Continue on the Attestation Completed page, the Review page will be displayed.



[Print](#)   [Contact Us](#)   [Exit](#)  
 Friday 04/04/2014 4:17:52 PM CDT

---

**Name** Jean Doe

**Personal TIN/SSN** 123456789

**Payment Year** 4

**Applicant NPI** 111111111

**Payee TIN** 123456789

**Program Year** 2014

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the **Submit** Tab, please click on the **Submit** Tab itself to finish the application process.

Status

## Incomplete

R&A Verification

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payee NPI</b>        | 123456789 |                      |           |

---

**Business Address** 855 West Dr  
Oshkosh, WI 54904

---

**Business Phone** 608-555-0101

---

**Incentive Program** MEDICAID      **State** WI

---

**Eligible Professional Type** Physician

Attestation Phase (Part 3 of 3)

Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. **Yes**

---

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

| Provider ID | Location Name     | Address                                | Additional Information |
|-------------|-------------------|--|------------------------|
| 111111111   | MEDICAL GROUP INC | PO BOX 308<br>SHEBOYGAN, WI 53082-0308 |                        |

[Top](#)

**Figure 106** Review Page

The Review page allows the user to review all the information entered on the application. To print a copy of the application for review, click the **Print** button located in the blue box at the top of the page.

1. Review the information on the Review page carefully. If the user finds errors, complete the following steps:
  - a. Click the associated tab at the top of the page to return to that section.
  - b. Correct the inaccurate information.
  - c. Click the **Review** tab to return to the Review page.
  - d. Review the information to ensure it was changed correctly.

*Note:* Click **Continue** at the bottom of the page to return to the last saved page.
2. Click the **Submit** tab at the top of the page after determining that all the information is correct. The Submit page will be displayed.

## 4.7 Submit the Application

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit

Friday 04/04/2014 4:17:52 PM CDT

|                         |           |                      |            |
|-------------------------|-----------|----------------------|------------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 1111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789  |
| <b>Payment Year</b>     | 4         | <b>Program Year</b>  | 2014       |

Get Started R&A/Contact Info  Eligibility  Patient Volumes  Attestation  Review  Submit

When you are ready to submit your application the system will review the information provided and alert you to any errors within the application that must be addressed. You will still be able to submit the application with errors; however, this may impact approval determinations. If there are no errors, an optional application questionnaire page will be displayed.

You will also be required to provide your electronic signature on the Application Submission page. This signature acknowledges that the information provided is true, accurate, and complete. Any falsification or concealment of a material fact may be prosecuted under Federal and State law.

All data submitted through this attestation process must be derived from an auditable data source and is subject to an audit as well as all relevant statutes in Federal and State law. The eligible hospital for which the payment is being requested is responsible and liable for any errors or falsifications provided in this attestation process. The Eligible Hospital, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

**Important Note:** Once your application is submitted, you will not have the opportunity to change it.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application. For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

Begin

Figure 107 Submit Page

1. Click **Begin**.

The system will check the application for errors. If errors are present, the user will have the opportunity to go back to the tab where the error occurred and correct it. Click **Save & Continue** on the page where the user corrected errors and return to the Submit page.

If there are no errors, the Application Submission (Part 1 of 2) page will be displayed.

The screenshot displays the 'ForwardHealth' logo and navigation links (Print, Contact Us, Exit) at the top right. The date and time are shown as 'Friday 05/22/2015 2:14:57 PM CDT'. Below the logo, user information is listed in a table:

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 1         | <b>Program Year</b>  | 2015      |

Below the table is a progress bar with buttons: Get Started, R&A/Contact Info (checked), Eligibility (checked), Patient Volumes (checked), Attestation (checked), Review, and Submit (checked). The main content area is titled 'Application Submission (Part 1 of 2)' and contains the following text:

Eligible Professionals are required to upload proof of Certified EHR Technology and attested patient volume. For more information on these documentation requirements, please review the Wisconsin EHR Incentive Program Website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm).

**Please note that applications submitted without required documentation will be returned to an Incomplete status until the proper documentation is uploaded.**

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **.pdf** or **.xls** or **.xlsx** or **.doc** or **.docx** format, and must be no larger than **2 MB** in size.

File name must be less than or equal to **100 characters**.

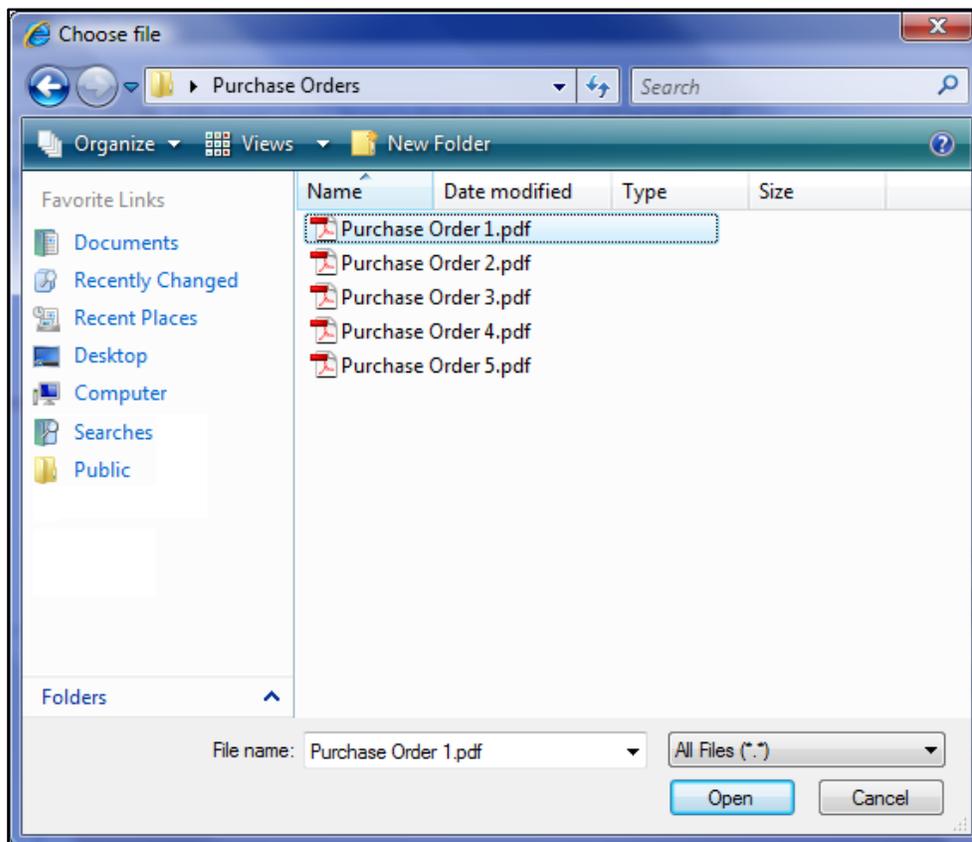
File Location:

**Figure 108** Application Submission (Part 1 of 2) Page

Eligible Professionals are required to provide documentation supporting their attested patient volume and adoption of CEHRT. Only Microsoft® Word, Microsoft® Excel, and PDF files of two megabytes or less can be uploaded. For details on documentation requirements, Eligible Professionals should refer to the DHS website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm).

Applications submitted without the required documentation will be returned to an Incomplete status until the required documentation is uploaded.

- To upload a file, click **Browse**. The Choose file window will be displayed.



**Figure 109** Choose File Window

- Navigate to the appropriate computer or network location and select the file the user wishes to upload.
- Click **Open**. The Choose File window will close and the file path will be displayed in the File Location field.

- Click **Upload File**. An “Uploaded Files” section will display the successfully uploaded file.

**ForwardHealth**  
Wisconsin serving you

Print Contact Us Exit  
Friday 05/22/2015 2:35:01 PM CDT

**Name** Anjoo Doe      **Applicant NPI** 111111111  
**Personal TIN/SSN** 123456789      **Payee TIN** 123456789  
**Payment Year** 1      **Program Year** 2015

Get Started   R&A/Contact Info    Eligibility    Patient Volumes    Attestation    Review   Submit

**Application Submission (Part 1 of 2)**

Eligible Professionals are required to upload proof of Certified EHR Technology and attested patient volume. For more information on these documentation requirements, please review the Wisconsin EHR Incentive Program Website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm).

**Please note that applications submitted without required documentation will be returned to an Incomplete status until the proper documentation is uploaded.**

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **.pdf** or **.xls** or **.xlsx** or **.doc** or **.docx** format, and must be no larger than **2 MB** in size.

File name must be less than or equal to **100 characters**.

File Location:

**Uploaded Files**

| File Name            | File Size | Date Uploaded | Available Actions  |
|----------------------|-----------|---------------|--|
| Purchase Order 1.pdf | 29555     | 05/22/2015    | <input type="button" value="View"/><br><input type="button" value="Delete"/> |

**• File has been successfully uploaded.**

**Figure 110** Application Submission (Part 1 of 2) Page with Uploaded Files Section

Upload as many files as necessary to verify the information entered in the Eligible Professional’s Wisconsin Medicaid EHR Incentive Program Application.

- Click **Save & Continue**. The Application Submission (Part 1 of 2) authorization page will be displayed.

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Tuesday 02/14/2012 9:29:29 AM CST

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

### Application Submission (Part 1 of 2)

Please answer the following questions.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\*By checking the box, you are indicating that you have reviewed all information that has been entered into Wisconsin Medicaid EHR Incentive Program (as displayed on the **Review** panel).

\*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:

Provider  Preparer

[Previous](#) [Reset](#) [Save & Continue](#)

**Figure 111** Application Submission (Part 1 of 2) Authorization Page

- Check the box to confirm that the user has reviewed the application information.
- Indicate if the user is completing the application as the actual provider or as a preparer on behalf of the provider.

9. Click **Save & Continue**. The Application Submission (Part 2 of 2) page will be displayed.

This page will differ depending on whether the user is a provider or a preparer.

- If the user clicked **Provider**, the Application Submission (Part 2 of 2) for a Provider page will be displayed:
  - Review the certification statement.
  - Enter information in the Provider Initials, NPI, and Personal TIN fields.
  - Click **Sign Electronically**.

Application Submission (Part 2 of 2)

As the actual **provider** who has completed this application, please **attest** to the accuracy of all information entered and to the following:

**This is to certify that the foregoing information is true, accurate, and complete.**  
I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State of Wisconsin law. As the Eligible Professional receiving the incentive payments I agree to the following: (i) I am responsible for any errors, omissions or falsifications and am liable to repay any improper payments received; (ii) I will update the foregoing information as necessary and resubmit the required information and attestation.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

(\*) Red asterisk indicates a required field.

**Electronic Signature of Provider Receiving Incentive Payment:**

\* Provider Initials:  \* NPI:  \* Personal TIN:

When ready click the **Sign Electronically** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Previous Reset Sign Electronically

**Figure 112** Application Submission (Part 2 of 2) Page for a Provider

- If the user clicked **Preparer**, the Application Submission (Part 2 of 2) for a Preparer page will be displayed:
  - Review the certification statement.
  - Enter information in the Preparer Name and Preparer Relationship fields.
  - Click **Sign Electronically**.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

### Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

**This is to certify that the foregoing information is true, accurate, and complete.**  
I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State of Wisconsin law. I am authorized by the Eligible Professional receiving the incentive payments to agree, and so agree, to the following: (i) the Eligible Professional is responsible for any errors, omissions or falsifications and is liable to repay any improper payments received; (ii) the Eligible Professional will update the foregoing information as necessary; and, (iii) if I am no longer an authorized representative for the Eligible Professional, the Eligible Professional will resubmit the required information and attestation by an authorized representative.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.  
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

(\*) Red asterisk indicates a required field.

**Electronic Signature of Preparer:**

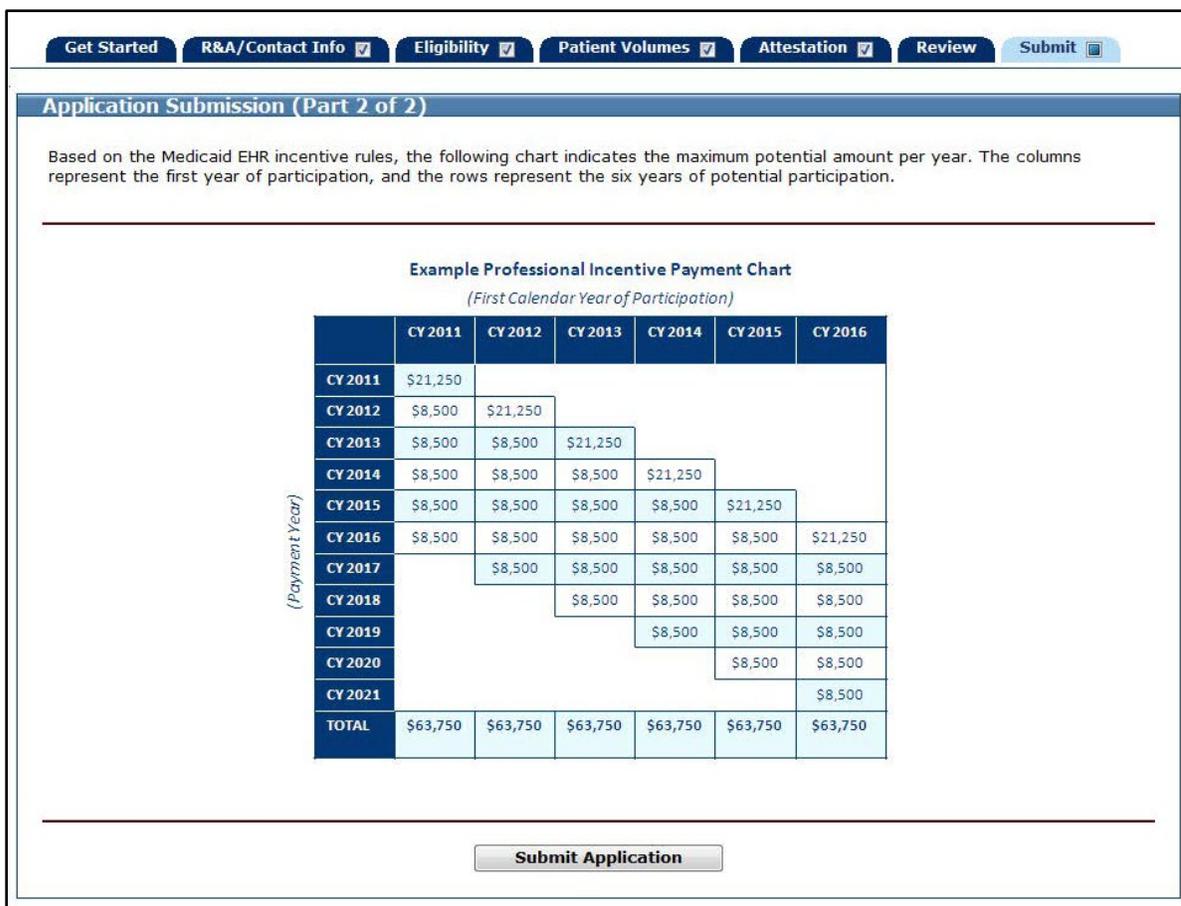
\* Preparer Name:  \* Preparer Relationship:

When ready click the **Sign Electronically** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Previous Reset Sign Electronically

**Figure 113** Application Submission (Part 2 of 2) Page for a Preparer

An incentive payment chart will be displayed. The chart, based on federal law, indicates the maximum potential payment per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.



**Figure 114** Example Professional Incentive Payment Chart

No information is required on this page. This is the final step of the submission process.

*Note:* Once the application is submitted, the user will not have the opportunity to change it.

10. If no other changes need to be made to the incentive application, click **Submit Application**. If the application was successfully submitted, the Application Submitted page will be displayed.

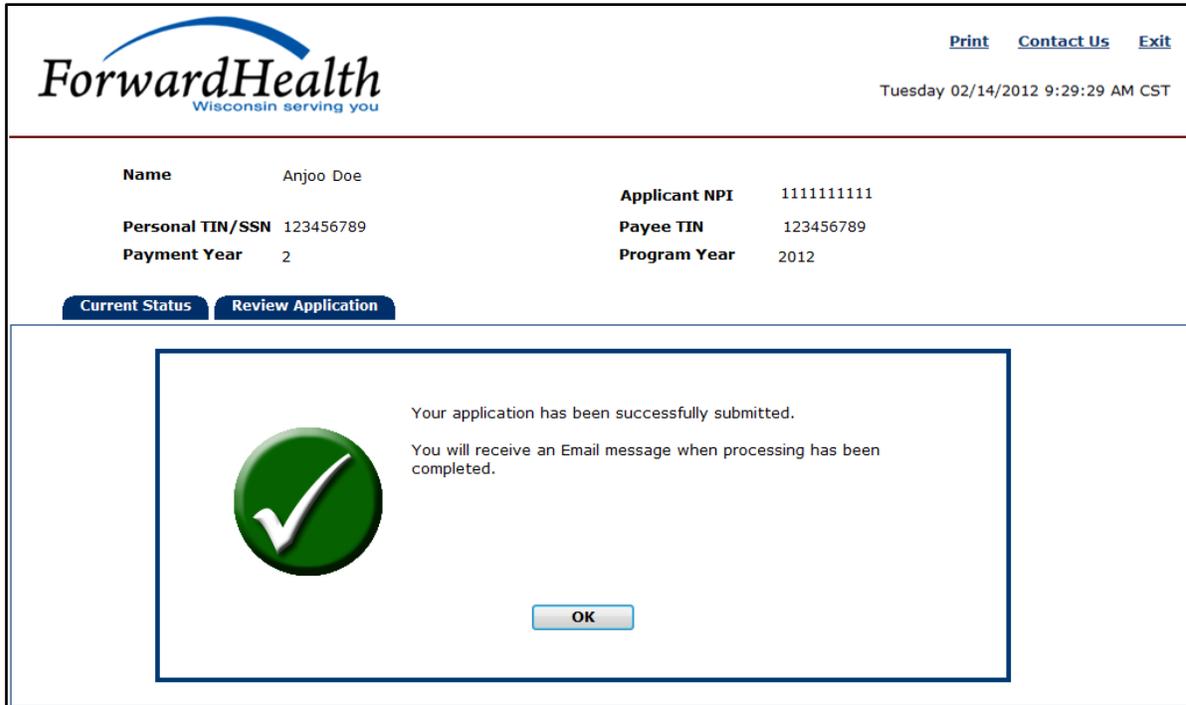


Figure 115 Application Submitted Page

11. Click OK. The Current Status page will be displayed.

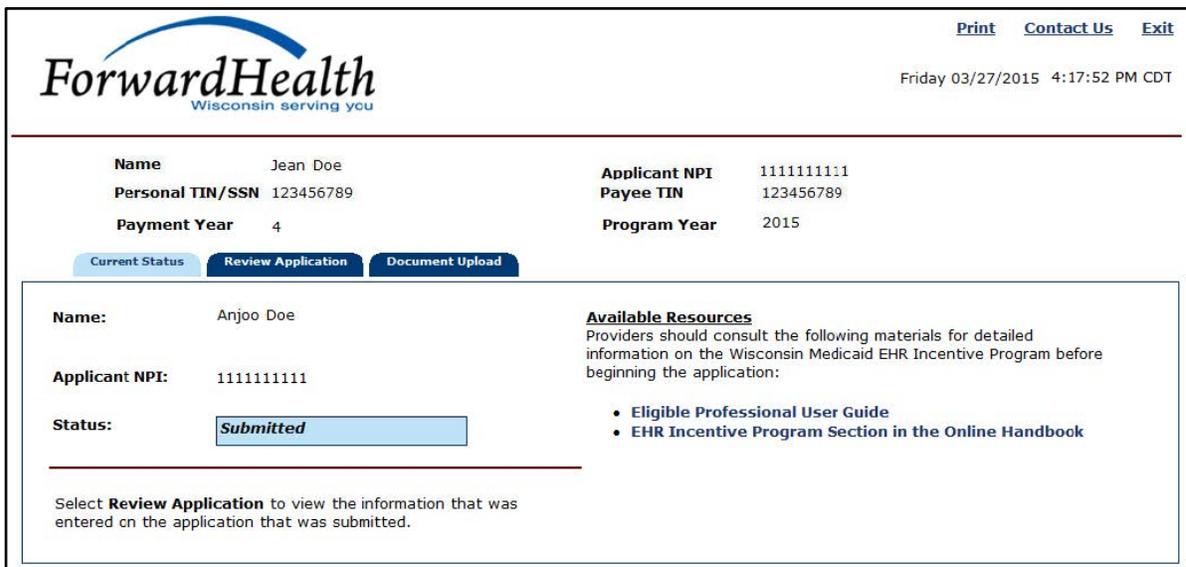


Figure 116 Current Status Page

## 4.8 Submit Multiple Applications

An application must be completed for each individual Eligible Professional. If the user is completing applications for multiple Eligible Professionals consecutively, complete the following steps:

1. On the Current Status page, click **Exit**.

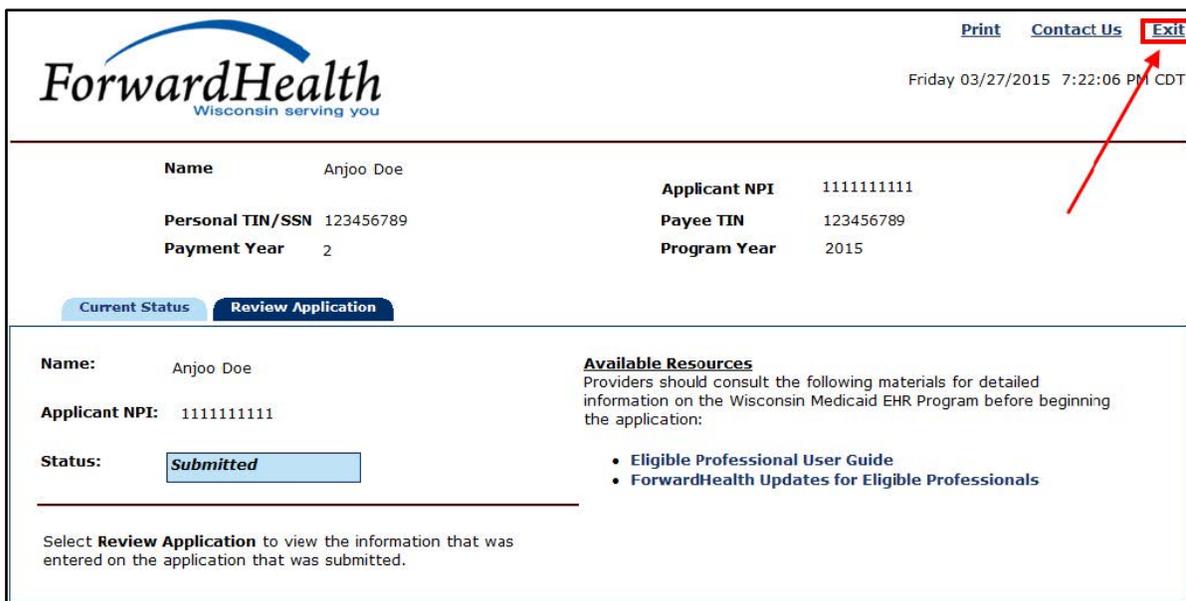


Figure 117 Current Status Page

The Exit WI Medicaid EHR Incentive Program page will be displayed.

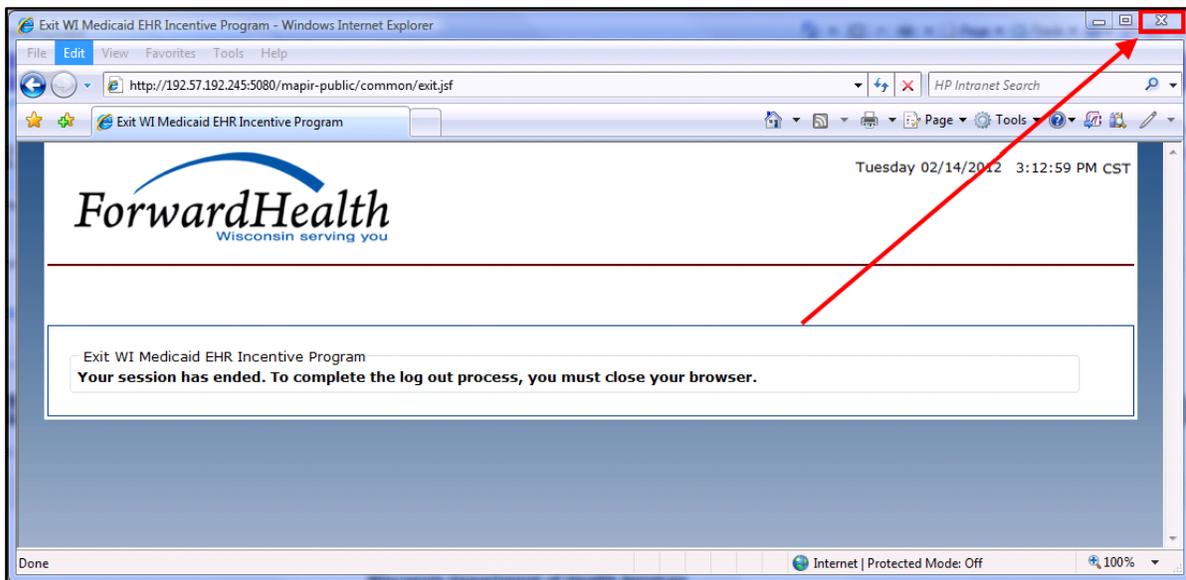
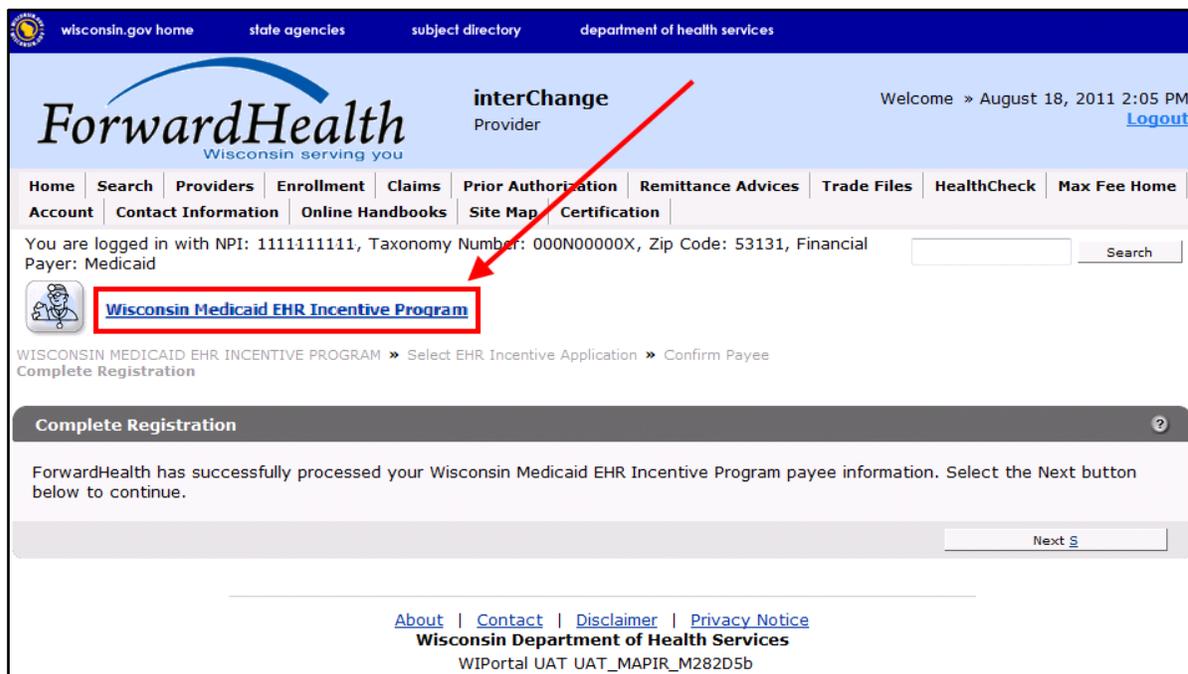


Figure 118 Exit WI Medicaid EHR Incentive Program Page

2. Click the **X** on the top right corner of the browser to close the window. The Complete Registration page will still be open in another window.

*Note:* If the Portal session has expired, the user will need to log back in to his or her account.



**Figure 119** Complete Registration Page with EHR Incentive Payment Navigation Link

3. To continue completing the application, follow the instructions beginning at [step 6 of Section 4.1 Getting Started](#).

## 5 Check Application Status

The user can check the status of his or her application at any time by logging in to the Portal.

1. Log in to the secure Provider area of the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
2. Click **Wisconsin Medicaid EHR Incentive Program** located in the Quick Links box. The Wisconsin Medicaid EHR Incentive Program page will be displayed.
3. Click **Next**. Select the application from the list on the Select EHR Incentive Application page.
4. Click **Next**. The Confirm Payee page with the user's previously selected payee information will be displayed.

**Confirm Payee** ?

Required fields are indicated with an asterisk (\*).

- Please confirm the payee information file for the Wisconsin Medicaid EHR Incentive Program.

TIN 300000000

Name DOE ANJOO

Address 1 PO BOX 3414

Address 2

City MILWAUKEE

Zip Code 53232

Telephone Number 5555555555 Ext.

Is this information correct?\*  Yes  No

Next Exit

**Figure 120** Confirm Payee Page

5. If the previously entered payee information is correct, click **Yes** at the bottom of the page. If the user's payment information has changed, click **No** and update the information at the R&A.
6. Click **Next**. The Complete Registration page will be displayed.

- Click **Next**. The Wisconsin Medicaid EHR Incentive Program Participation Dashboard page will open in a new browser window.



[Contact Us](#) [Exit](#)  
 Wednesday 08/24/2016 2:04:13 PM CDT

---

Wisconsin Medicaid EHR Incentive Program

### Wisconsin Medicaid EHR Incentive Program Participation Dashboard

NPI 111111111

TIN 123456789

CCN

(\*) Red asterisk indicates a required field.

| *Application<br>(Select to Continue) | Stage                            | Status    | Payment Year | Program Year | Incentive Amount | Available Actions                                      |
|--------------------------------------|----------------------------------|-----------|--------------|--------------|------------------|--|
| <input type="radio"/>                | Implementation                   | Completed | 1            | 2011         | \$21,250.00      | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Stage 1 Meaningful Use 90 Days   | Completed | 2            | 2012         | \$8,500.00       | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Stage 1 Meaningful Use Full Year | Completed | 3            | 2013         | \$8,500.00       | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Stage 2 Meaningful Use 90 Days   | Completed | 4            | 2015         | \$8,500.00       | Select the "Continue" button to view this application. |
| <input type="radio"/>                | Stage 2 Meaningful Use 90 Days   | Submitted | 5            | 2016         | Unknown          | Select the "Continue" button to view this application. |
| <input checked="" type="radio"/>     | Future                           | Future    | 6            | Future       | Unknown          | None at this time                                      |

*In Program Year 2016, Eligible Professionals scheduled to report for a full year may use any continuous 90-day EHR reporting period.*  
*Eligible Professionals may complete their application using a full year of Meaningful Use measure data. After submitting the application, these Eligible Professionals should send an email to [dhsehrincentiveprogram@wi.gov](mailto:dhsehrincentiveprogram@wi.gov) to request an update to their EHR reporting period dates.*

**Figure 121** Wisconsin Medicaid EHR Incentive Program Participation Dashboard

- Select an application.

- Click **Continue**. The Current Status page will open in a new window and will display the status of the application.



[Print](#)   [Contact Us](#)   [Exit](#)  
 Friday 03/27/2015 3:46:42 PM CDT

---

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <b>Name</b> Jean Doe              | <b>Applicant NPI</b> 1111111111 |
| <b>Personal TIN/SSN</b> 123456789 | <b>Payee TIN</b> 123456789      |
| <b>Payment Year</b> 4             | <b>Program Year</b> 2015        |

Current Status
Review Application
Document Upload

---

|  |   |
|--|---|
| <b>Name:</b> Jean Doe  | <b>Available Resources</b>  |
| <b>Applicant NPI:</b> 123456789  | Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Incentive Program before beginning the application: |
| <b>Status:</b> <span style="border: 1px solid black; padding: 2px 10px; background-color: #e0f0ff;">Submitted</span> | <ul style="list-style-type: none"> <li>Eligible Professional User Guide</li> <li>EHR Incentive Program Section in the Online Handbook</li> </ul>            |

---

Select **Review Application** to view the information that was entered on the application that was submitted.

**Figure 122** Current Status Page with Submitted Status

## 5.1 Submitted Status

The user can click the Review Application tab to review his or her application; however, the user will not be able to make any changes.



[Print](#)   [Contact Us](#)   [Exit](#)  
 Tuesday 02/14/2012 9:29:29 AM CST

---

**Name** Anjoo Doe

**Personal TIN/SSN** 123456789

**Payment Year** 2

**Applicant NPI** 111111111

**Payee TIN** 123456789

**Program Year** 2012

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Previous** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.

**Status**

Submitted

**R&A Verification**

**Name** Anjoo Doe

**Personal TIN/SSN** 123456789

**Payee NPI** 111111111

**Applicant NPI** 111111111

**Payee TIN** 123456789

---

**Business Address** 225 EAGLE LAKE AVE  
MUKWONAGO, WI 53149-0001

---

**Business Phone** 555-555-5555

---

**Incentive Program** MEDICAID                      **State** WI

---

**Eligible Professional Type** Physician

**Attestation Phase (Part 3 of 3)**

Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services. **Yes**

---

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

| Provider ID          | Location Name     | Address                              |
|----------------------|-------------------|--------------------------------------|
| 1111111111, 30000000 | MEDICAL GROUP INC | PO BOX 341457<br>MUKWONAGO, WI 53149 |

Figure 123 Review Application Page

## 5.2 Denied Status



[Print](#)   [Contact Us](#)   [Exit](#)  
 Friday 03/27/2015 4:21:09 PM CDT

---

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Jean Doe  | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 4         | <b>Program Year</b>  | 2015      |

Current Status
Review Application
Submission Outcome

---

|                       |                         |   |
|-----------------------|-------------------------|---|
| <b>Name:</b>          | Jean Doe                | <b>Available Resources</b>  |
| <b>Applicant NPI:</b> | 123456789               | Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Incentive Program before beginning the application: |
| <b>Status:</b>        | Denied - Year Forfeited | <ul style="list-style-type: none"> <li>Eligible Professional User Guide</li> <li>EHR Incentive Program Section in the Online Handbook</li> </ul>            |

**Figure 124** Current Status Page with Denied Status

The user can click the **Review Application** tab to review his or her application; however, the user will not be able to make any changes.



[Print](#)   [Contact Us](#)   [Exit](#)  
 Tuesday 02/14/2012 9:29:29 AM CST

---

**Name** Anjoo Doe

**Personal TIN/SSN** 123456789

**Payment Year** 2

**Applicant NPI** 111111111

**Payee TIN** 123456789

**Program Year** 2012

Current Status
Review Application
Submission Outcome

The **Review Application** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved.

**Status**

Denied

**R&A Verification**

**Name** Anjoo Doe

**Personal TIN/SSN** 123456789

**Payee NPI** 111111111

**Applicant NPI** 111111111

**Payee TIN** 123456789

---

**Business Address** 225 EAGLE AVE  
MUKWONAGO, WI 53131-0001

**Application Submission (Part 1 of 2)**

By checking the following box, you are indicating that you have reviewed all information that has been entered into Wisconsin Medicaid EHR Incentive Program (as displayed on the **Review** panel):

---

Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:

**Provider**

**Application Submission (Part 2 of 2)**

Electronic Signature of Provider Receiving Incentive Payment:

**Provider Initials:**

**NPI:**

**Personal TIN:**

[Top](#)

Figure 125 Review Application Page

If the user wishes to view his or her application results, click the **Submission Outcome** tab.

The screenshot shows the ForwardHealth application interface. At the top left is the logo "ForwardHealth Wisconsin serving you". At the top right are links for "Print", "Contact Us", and "Exit", along with the date and time: "Tuesday 02/14/2012 9:29:29 AM CST".

The main content area displays applicant information in two columns:

|                         |           |                      |           |
|-------------------------|-----------|----------------------|-----------|
| <b>Name</b>             | Anjoo Doe | <b>Applicant NPI</b> | 111111111 |
| <b>Personal TIN/SSN</b> | 123456789 | <b>Payee TIN</b>     | 123456789 |
| <b>Payment Year</b>     | 2         | <b>Program Year</b>  | 2012      |

Below the information are three tabs: "Current Status", "Review Application", and "Submission Outcome". The "Submission Outcome" tab is selected.

An information box contains the following text: "The Wisconsin Medicaid EHR Incentive Program 'Review' panel displays the information that you have entered to date for your application. Select 'Print' to generate a printer friendly version of this information." A "Print" button is located to the right of this text.

The "Status" section shows the word "Denied" in a large, bold font.

The "Provider Information" section displays:

|                       |           |
|-----------------------|-----------|
| <b>Name:</b>          | Anjoo Doe |
| <b>Applicant NPI:</b> | 111111111 |

**Figure 126** Submission Outcome Page

If the user wishes to appeal a Wisconsin Medicaid EHR Incentive Program decision, refer to [Section 6 Appeals Process](#).

*Note:* Refer to [Section 7.2 Application Status](#) for a list of all the potential application statuses.

## 6 Appeals Process

Eligible Professionals may only appeal to the Wisconsin Medicaid EHR Incentive Program for the following reasons:

- To dispute the payment amount.
- To appeal a denied Wisconsin Medicaid EHR Incentive Program Application.

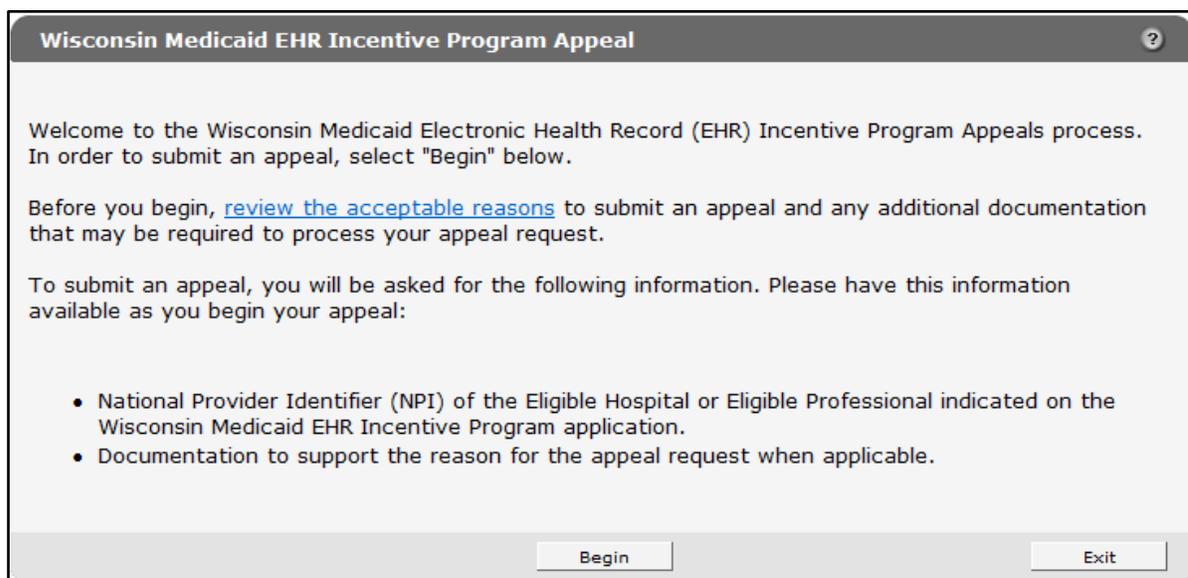
To file an appeal, complete the following steps:

1. Log in to the secure Provider area of the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

The screenshot displays the ForwardHealth Provider Portal. At the top, there is a navigation bar with links for 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header includes the 'ForwardHealth' logo and 'interChange Provider' text. A welcome message indicates the user is logged in as a provider on October 14, 2011, at 12:19 PM, with a 'Logout' link. Below the header is a navigation menu with tabs for 'Home', 'Search', 'Providers', 'Enrollment', 'Claims', 'Prior Authorization', 'Remittance Advices', 'Trade Files', and 'HealthCheck'. A secondary menu includes 'Max Fee Home', 'Account', 'Contact Information', 'Online Handbooks', 'Site Map', and 'Certification'. The main content area shows the user's login details: 'You are logged in with NPI: 1111111111, Taxonomy Number: 000N00000X, Zip Code: 54235, Financial Payer: Medicaid'. There is a search box and a 'Providers' icon. The 'What's New?' section contains several news items, including 'Planned Downtime for ForwardHealth', 'HIPAA Version 5010 and NCPDP Version D.0 Upgrade Information', and 'Introduction to the Online Handbook Webcast Training'. The 'Home Page' section lists links for 'Update User Account', 'Customize Home Page', 'Demographic Maintenance', and 'Electronic Funds Transfer'. The 'Quick Links' section includes links for 'Register for E-mail Subscription', 'Provider-specific Resources', 'Designate 835 Receiver', 'Online Handbooks', 'ForwardHealth Updates', 'Fee Schedules', 'Forms', 'Become a Provider', 'Certification Tracking', and 'Search'. A 'Messages' section is partially visible. The 'Remittance Advices' section contains a message about older RA's and a link to 'View Remittance Advices'. The 'Quick Links' section also includes a link for 'Wisconsin Medicaid EHR Incentive Program Appeal', which is highlighted with a red box. A red arrow points from the 'Providers' menu item to this link.

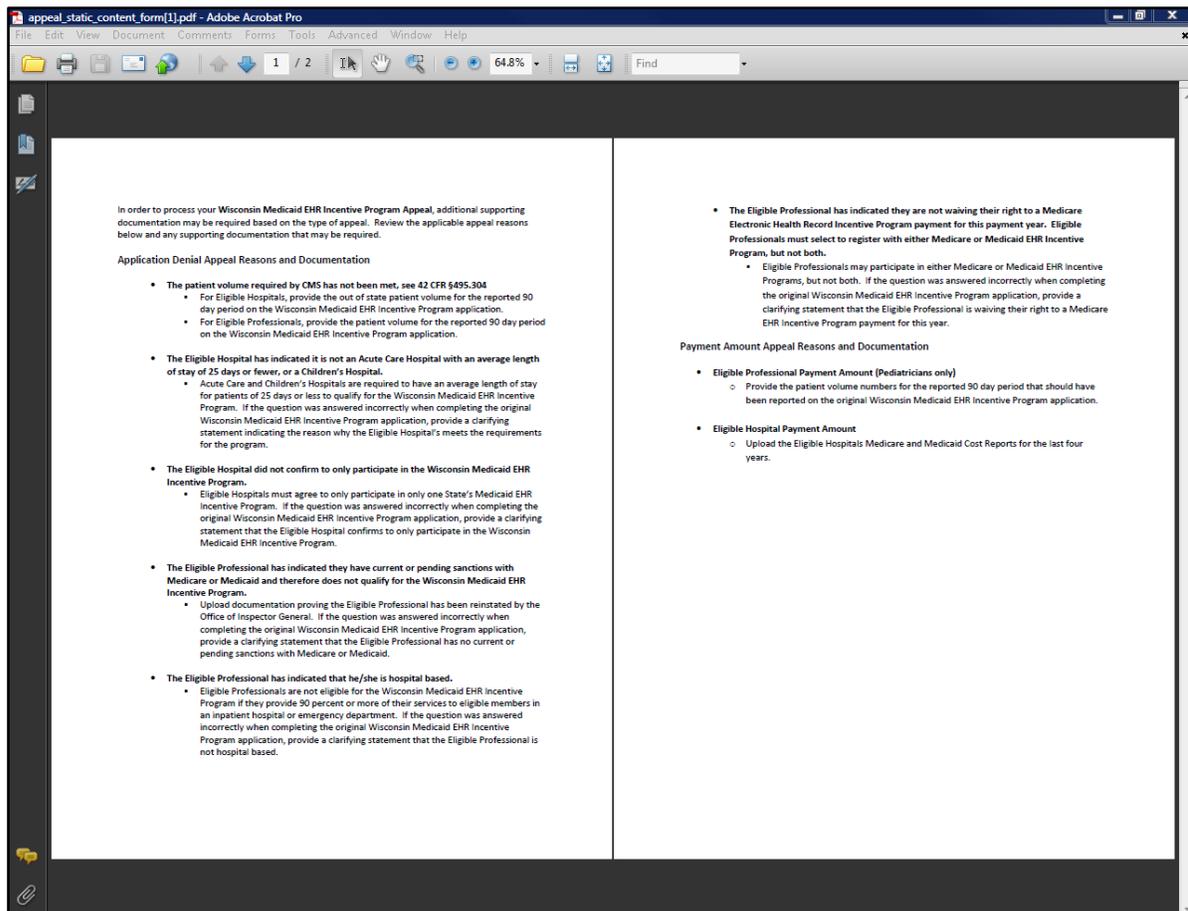
Figure 127 Secure Provider Page

2. Click **Wisconsin Medicaid EHR Incentive Program Appeal** located in the Quick Links box on the right of the page. The Wisconsin Medicaid EHR Incentive Program Appeal page will be displayed.



**Figure 128** Wisconsin Medicaid EHR Incentive Program Appeal Page

3. Click the **review the acceptable reasons** link. A PDF explaining appeal reasons and what additional documentation may be required will open in a new window.



**Figure 129** PDF Explaining Appeal Reasons and Documentation

4. Review the information in the PDF.
5. Close the PDF window.

- Click **Begin**. The Eligible Provider Identifying Information page will be displayed.

**Figure 130** Eligible Provider Identifying Information Page

- In the National Provider Identifier field, enter the NPI indicated on the Eligible Professional's application.
- Click anywhere on the gray area of the panel.

If only one record is found, the page will reload. Proceed to step 9.

If multiple records are found, the National Provider Identifier search box will be displayed.

| National Provider ID | Program Provider ID | Base ID | Financial Payer | Name      | Type | Description   | Taxonomy  | Address       | City      | State | Zip   |
|----------------------|---------------------|---------|-----------------|-----------|------|---------------|-----------|---------------|-----------|-------|-------|
| 111111111            | 100001000           | 1000    | TXIX            | ANJOO DOE | 31   | Physician     | 000N0000X | 225 EAGLE AVE | MUKWONAGO | WI    | 53131 |
| 111111111            | 160006000           | 1000    | TXIX            | ANJOO DOE | 17   | Therapy Group | 000A0000X | 23 FIRST ST   | MUKWONAGO | WI    | 53131 |

**Figure 131** National Provider Identifier Search Box

Select the Eligible Professional that submitted the Wisconsin Medicaid EHR Incentive Program Application from the "Search Results" section. The National Provider Identifier search box will close and the NPI of the selected Eligible Professional will be displayed in the National Provider ID field.

- From the Payment Year drop-down menu, select the payment year for which the appeal is being submitted.
- Enter a contact name.
- Enter a contact telephone number.
- Enter a contact email address.

13. From the Preferred Method of Contact drop-down menu, select whether the user prefers to be contacted by telephone or email.

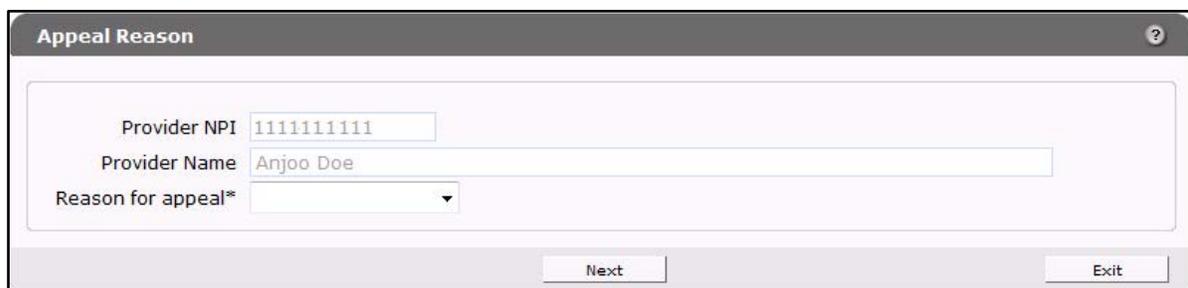
14. Click **Next**.

If the Wisconsin Medicaid EHR Incentive Program cannot match the NPI supplied with a current application, an error message will be displayed, and the Eligible Professional cannot continue with the appeal process. The Eligible Professional should then contact Provider Services.

**The following messages were generated:**  
A Wisconsin Medicaid EHR incentive Program application that is denied or approved for payment is not found for the eligible Hospital/Professional submitted. Please Verify the information entered. If you believe this message was received in error contact Provider Services.

**Figure 132** Example Error Message

If the Wisconsin Medicaid EHR Incentive Program matches the NPI supplied with a current application, the Appeal Reason page will be displayed.



The screenshot shows a web form titled "Appeal Reason". The form has a header bar with the title and a help icon. Below the header, there are three input fields: "Provider NPI" containing "1111111111", "Provider Name" containing "Anjoo Doe", and "Reason for appeal\*" which is a dropdown menu. At the bottom of the form, there are two buttons: "Next" and "Exit".

**Figure 133** Appeal Reason Page

15. Select the reason for the appeal from the Reason for appeal drop-down menu.

16. Click to the side of the Reason for Appeal field. Appeal reason options will be displayed at the bottom of the page.

If the user selected Application Denial as the reason for appeal, in the “Please select one or more of the following denial reason(s) being appealed” section, select the reason for the appeal or provide a statement in the free-form comment box.

The screenshot shows a web form titled "Appeal Reason" with a help icon in the top right corner. The form contains the following fields and sections:

- Provider NPI:** 1111111111
- Provider Name:** Anjoo Doe
- Reason for appeal\*:** Application Denial (selected from a dropdown menu)
- Denial Reasons:** A section titled "Please select one or more of the following denial reason(s) being appealed\*" containing six unchecked checkboxes:
  - The patient volume required by CMS has not been met, see 42 CFR 495.304.
  - The Eligible Hospital has indicated it is not an acute care hospital with an average length of stay of 25 days or fewer, or a children's hospital.
  - The Eligible Hospital did not confirm to only participate in the Wisconsin Medicaid EHR Incentive Program.
  - The Eligible Professional has indicated they have current or pending sanctions with Medicare or Medicaid and therefore does not qualify for the Wisconsin Medicaid EHR Incentive Program.
  - The Eligible Professional has indicated that he or she is hospital based.
  - The Eligible Professional has indicated he or she are not waiving their right to a Medicare Electronic Health Record Incentive Program payment for this payment year. Eligible Professionals must select to register with either Medicare or Medicaid EHR Incentive Program, but not both.
- Appeal Note:** A section titled "Indicate information you would like to be considered when processing your appeal" with a text area labeled "Note" and a vertical scrollbar.
- Navigation:** "Next" and "Exit" buttons at the bottom.

**Figure 134** Appeal Reason Page with Application Denial Selected

If the user selected Payment Amount as the reason for appeal, select the reason for the appeal or provide a statement in the free-form comment box from the “Please select one of the following reasons for the payment amount appeal” section.

Appeal Reason

Provider NPI 1111111111

Provider Name Anjoo Doe

Reason for appeal\* Payment Amount

Please select one of the following reasons for the payment amount appeal\*

Eligible Professional Payment Amount (Pediatricians only)

Eligible Hospital Payment Amount

Indicate information you would like to be considered when processing your appeal

Note

Next Exit

Figure 135 Appeal Reason Page with Payment Amount Selected

17. Click **Next**. The Upload Files page will be displayed.

Upload Files

Required fields are indicated with an asterisk (\*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please Note:** JPG, JPEG, TXT, RTF, and PDF file formats are acceptable.

Upload File

File Path\* Browse... Upload

List of Files Uploaded

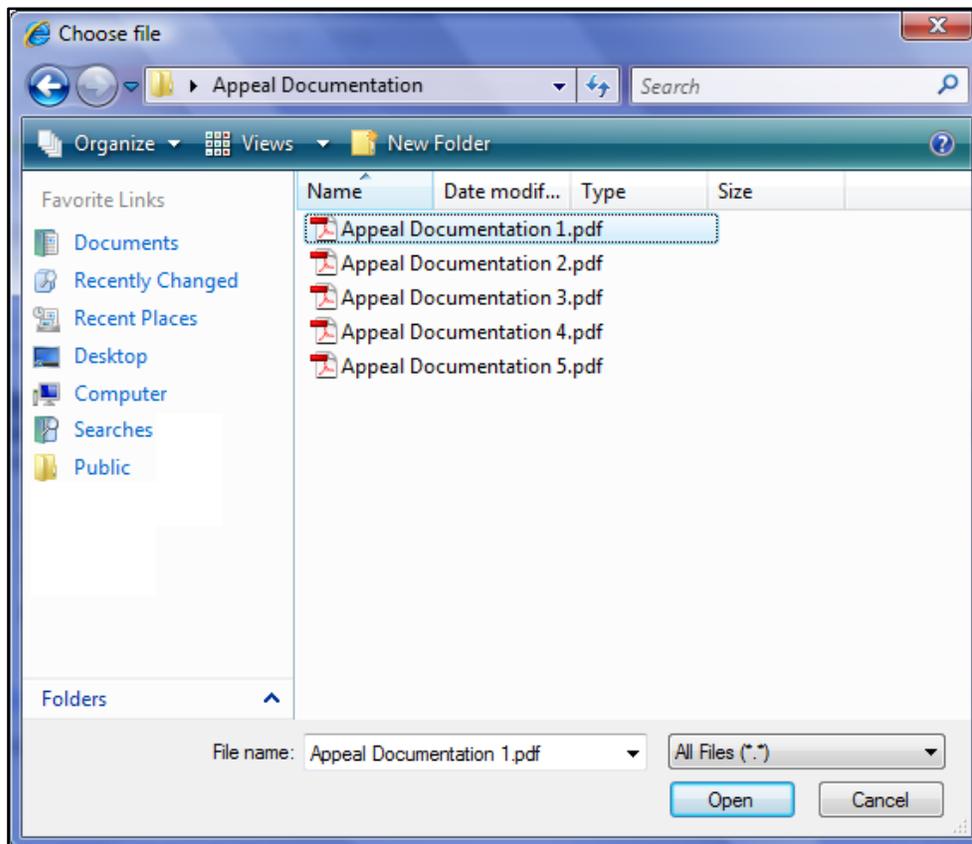
Next Exit

Figure 136 Upload Files Page

Eligible Professionals can upload any relevant supporting documentation in support of their appeal. This documentation may include files up to 5 MBs each. Eligible Professionals must upload all relevant supporting documentation before submission as they will not be able to return to the appeal application to upload any documentation after submitting the appeal.

For information about additional supporting documentation that may be required to upload based on the type of appeal, refer to [Section 7.3 Appeal Reasons and Needed Documentation](#).

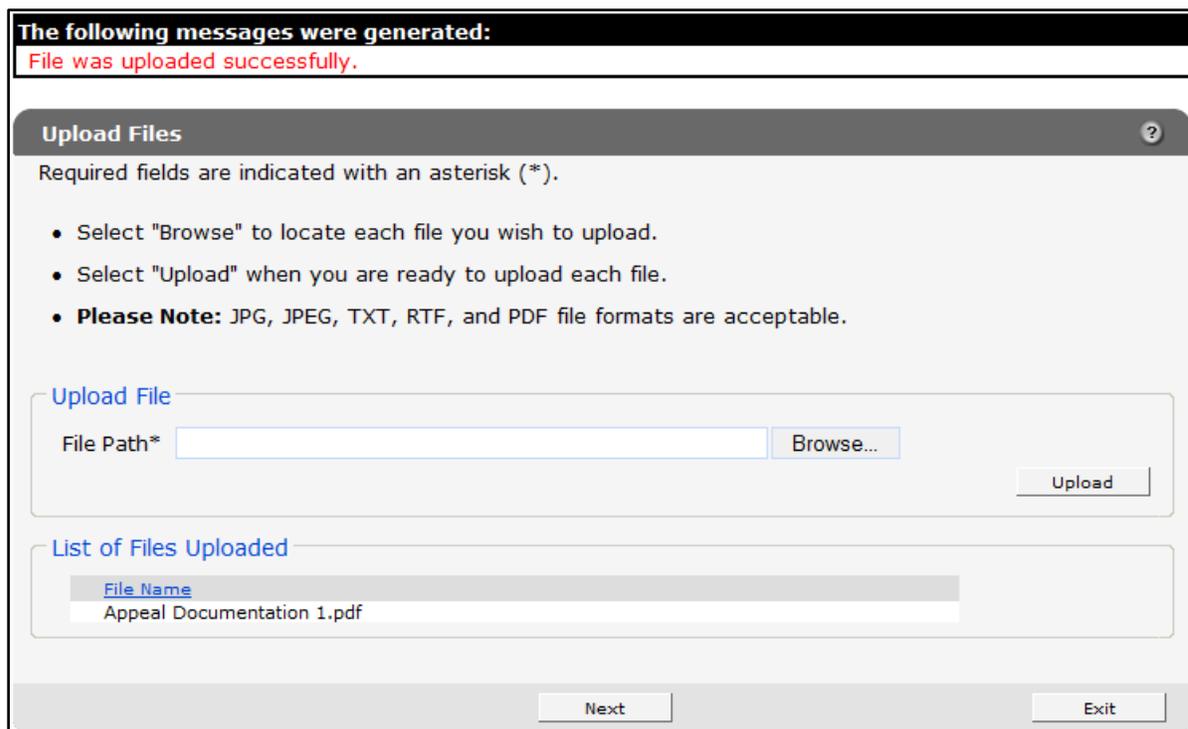
18. Click **Browse**. The Choose file window will be displayed.



**Figure 137** Choose File Window

19. Navigate to the appropriate computer or network location and select the file the user wishes to download.
20. Click **Open**. The Choose file window will close and the file path will be displayed in the File Path field.

21. Click **Upload**. The uploaded file will be displayed in the “List of Files Uploaded” section at the bottom of the page and a validation message will be displayed at the top of the page.

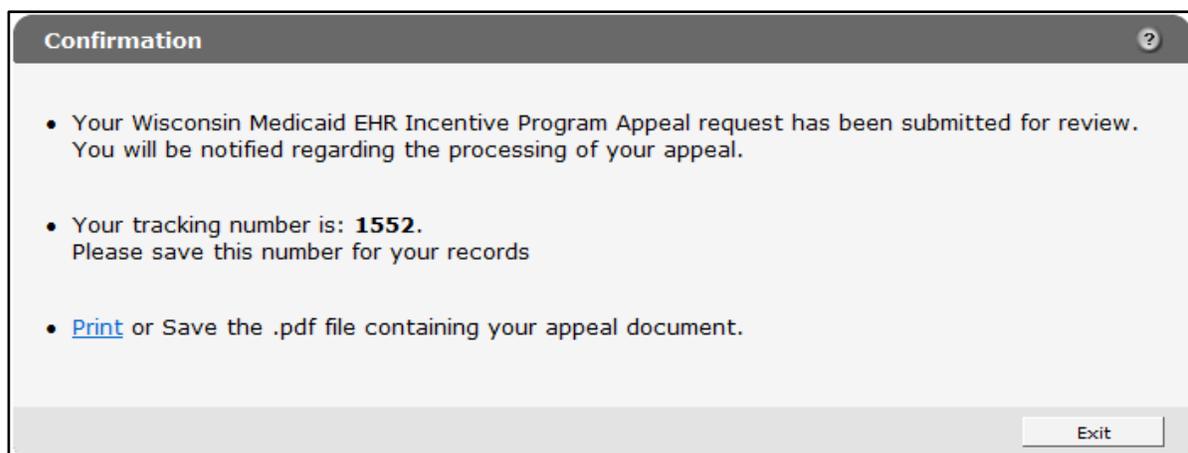


The screenshot shows a web interface for uploading files. At the top, a message box states "The following messages were generated:" followed by "File was uploaded successfully." Below this is the "Upload Files" section, which includes instructions on how to use the "Browse" and "Upload" buttons, and a list of acceptable file formats (JPG, JPEG, TXT, RTF, and PDF). The "Upload File" section contains a "File Path\*" input field with a "Browse..." button and an "Upload" button. The "List of Files Uploaded" section shows a table with one entry: "Appeal Documentation 1.pdf". At the bottom, there are "Next" and "Exit" buttons.

**Figure 138** Upload Files Page with File Uploaded Successfully Message

Upload as many files as necessary to verify the appeal.

22. Click **Next**. The Confirmation page will be displayed.

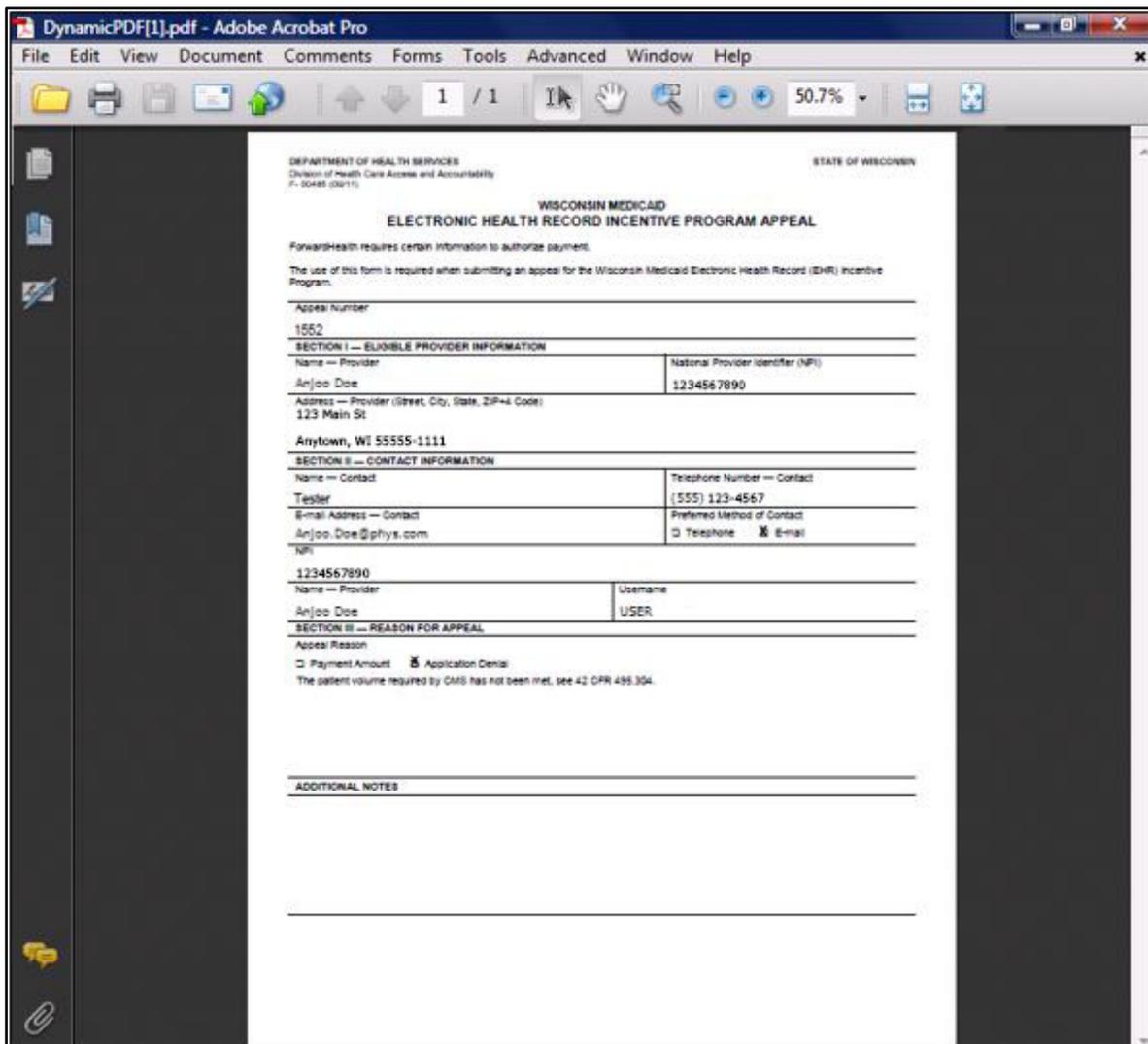


The screenshot shows the "Confirmation" page. It contains three bullet points: "Your Wisconsin Medicaid EHR Incentive Program Appeal request has been submitted for review. You will be notified regarding the processing of your appeal.", "Your tracking number is: **1552**. Please save this number for your records", and "Print or Save the .pdf file containing your appeal document." At the bottom right, there is an "Exit" button.

**Figure 139** Confirmation Page

23. Save the tracking number for the Eligible Professional’s records.

- Click **Print** to print the appeal document or save it for the Eligible Professional’s records. A PDF copy of the appeal document will open in a new window.



**Figure 140** A PDF Copy of Appeal Document

- Close the PDF window.
- Click **Exit** to return to the secure Provider page of the Portal.

# 7 Additional Information

## 7.1 Acronyms and Terms

CHIP — Children’s Health Insurance Program

CHPL — Certified Health IT Product List

CMS — Centers for Medicare and Medicaid Services

EHR — Electronic Health Record

FQHC — Federally Qualified Health Center

NPI — National Provider Identifier

ONC — Office of the National Coordinator for Health Information Technology

R&A — Medicare and Medicaid EHR Incentive Program Registration and Attestation System

RHC — Rural Health Clinic

TIN — Tax Identification Number

## 7.2 Application Status

Below is a list of all the potential application statuses that applicants may see as they progress through the registration and application process.

| Application Status | Description   |
|--------------------|---|
| Appeal Approved    | An appeal has been approved.  |
| Appeal Denied      | An appeal has been denied.  |
| Appeal Initiated   | An appeal has been received.  |
| Cancelled          | The R&A has notified the Wisconsin Medicaid EHR Incentive Program that this application has been cancelled. The applicant must return to the R&A to re-initiate the registration.               |
| Completed          | The Wisconsin Medicaid EHR Incentive Program Application has completed the full submission process and a payment has been made.   |
| Denied             | The Wisconsin Medicaid EHR Incentive Program has made a determination that the applicant does not qualify for an incentive payment based on one or more of the application’s eligibility rules. |
| Incomplete         | The Wisconsin Medicaid EHR Incentive Program Application has been started, but the application has not been submitted.  |

| Application Status | Description   |
|--------------------|---|
| Not Started        | Registration information has been received from R&A; however, the application has not been started at the Wisconsin Medicaid EHR Incentive Program. |
| Payment Approved   | The Wisconsin Medicaid EHR Incentive Program Application has been reviewed and was determined payable.  |
| Submitted          | The application has been completed and submitted. The application may no longer be edited after submission.   |

## 7.3 Appeal Reasons and Needed Documentation

Refer to the tables below for the following information:

- A list of valid application denial appeal reasons.
- Additional supporting documentation that may be required to be uploaded based on the type of appeal.
- Appealing the payment amount.

### 7.3.1 Denied Application Appeals

| Denied Application Appeals   |  |
|--|--|
| Reason for Appeal  | Documentation Needed   |
| The patient volume required by CMS has not been met; see federal rule 42 CFR § 495.304.  | For Eligible Professionals, provide the patient volume for the reported 90-day period on the Wisconsin Medicaid EHR Incentive Program application.   |
| The Eligible Professional has indicated that he or she has current or pending sanctions with Medicare or Medicaid and therefore does not qualify for the Wisconsin Medicaid EHR Incentive Program. | Upload documentation proving the Eligible Professional has been reinstated by the Office of Inspector General. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional has no current or pending sanctions with Medicare or Medicaid.  |
| The Eligible Professional has indicated that he or she is hospital based.  | Eligible Professionals are not eligible for the Wisconsin Medicaid EHR Incentive Program if they provide 90 percent or more of their services to eligible members in an inpatient hospital or emergency department. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional is not hospital based. |

| <b>Denied Application Appeals</b>   |   |
|---|---|
| <b>Reason for Appeal</b>  | <b>Documentation Needed</b>   |
| The Eligible Professional has indicated he or she is not waiving the right to a Medicare EHR Incentive Program payment for this payment year. Eligible Professionals may choose to register with either Medicare or Medicaid EHR Incentive Program, but not both. | Eligible Professionals may participate in either Medicare or Medicaid EHR Incentive Programs, but not both. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional is waiving the right to a Medicare EHR Incentive Program payment for this year. |

### 7.3.2 Payment Amount Appeal

| <b>Payment Amount Appeal</b>                             |  |
|--|--|
| <b>Reason for Appeal</b>                                 | <b>Documentation Needed</b>  |
| Eligible Professional payment amount (pediatrician only) | Provide the patient volume numbers for the reported 90-day period that should have been reported on the original Wisconsin Medicaid EHR Incentive Program application. |